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| **Date:** | DatePlaceholder |
| **Time:** | TimePlaceholder |
| **Front Page Completed:** | FrontPagePlaceholder |
| **By:** | DocumenterPlaceholder |
| **Room Number:** | room\_number |

**Airway Bundle Checklist (FRONT AND BACK)**

** Front page not completed - emergent intubation (within 1st hour of admission)**

**Assessment for ANTICIPATED Airway Management**

|  |  |  |
| --- | --- | --- |
| **Difficult Airway:** | History of difficult airway? | D1 |
| Physical? (e.g. small mouth, small jaw, large tongue, or short neck) | D2 |
| **At Risk For:** | High risk for rapid desaturation during intubation | R1 |
| Increased ICP, pulmonary hypertension, need to avoid hypercarbia | R2 |
| Unstable hemodynamics (e.g. hypovolemia, potential need for fluid bolus, vasopressor, CPR) | R3 |
| Other risk factors?: risk\_factors | R4 |

**Planning (all risk noted above should be considered in plan)**

|  |  |
| --- | --- |
| **Who** will intubate?(Specify primary provider who will perform **first** laryngoscopy): | who\_will\_intubate |
| **Who** will bag-mask?: | who\_will\_bvm |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **How** will we intubate? | **Method:** | intubation\_method | **ETT Type:** | ett\_type | **ETT Size:** | ett\_size |