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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 |
|  | | | |  | | | |  | | | |  | | |  | | | | |  | | |  |
| **Device:** |  Laryngoscope | | | | |  lma\_details | | | | | | |  glide\_details | | | | | |  Other: | | | other\_device\_details | |
|  |  | | | | |  | | | | | | |  | | | | | |  | | |  | |
| **Blade:** |  mac\_details | | | | | | | | |  miller\_details | | | | | | | |  Wis-Hipple: wis\_hipple\_details | | | | | |
|  |  | | | | | | | | |  | | | | | | | |  | | | | | |
| **Meds:** | | | | | | | | | | | | | | | | | | | | | | | |
|  Atropine | | atropine\_dose | | |  Glycopyrrolate | | | | glycopyrrolate\_dose | | | | | | | | | | | | | | |
|  Fentanyl | | fentanyl\_dose | | |  Midazolam | | | | midazolam\_dose | | | | |  Ketamine | | ketamine\_dose | | | | |  Propofol | | propofol\_dose |
|  Rocuronium | | roc\_dose | | |  Vecuronium | | | | vec\_dose | | | | |  | | | | | | | | | |
|  | |  | | |  | | | |  | | | | |  | | | | | | | | | |
| **Apneic Oxygenation:** | | | ao\_details | | | | | | | | (<1 y = 5 L; 1-7 y = 10L; > 8y = 15L) | | | | | | | | | | | | |
|  | | |  | | | | | | | |  | | | | | | | | | | | | |
| **Other Planning:** other\_planning | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | |
| **When** will we intubate? | | | when\_intubate | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | |
| **Backup** **Advanced Airway Provider:** | | | | | | | advance\_airway\_provider | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | |
| **Difficult Airway Alert Strategy:** | | | | | | | advance\_airway\_procedure | | | | | | | | | | | | | | | | |

other\_planning

**Immediate Pre-Intubation Procedure TIME OUT**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Time: \_\_\_\_\_\_\_\_\_\_\_\_**

**(Complete immediately before intubation)**

|  |
| --- |
| □ **Right Patient**: Confirm 2 identifiers and allergy status. |
| □ **Right Plan**: Review and revise the FRONT PAGE plan |
| □ **Right Prep**: Patient accessible and positioned correctly, bed cleared for intubation, working IV? |
| □ **Right Equipment**: SOAP (e.g Suction, Oxygen, Airway, Personnel), IV fluid bolus readily available? |
| □ **Right Monitoring**: BP cycling frequently, different extremity from pulse ox, pulse ox volume? |
| □ **Right Rescue plan**: Difficult Airway cart/kit and equipment available? Who can we call for assistance? |
| □ **Right Attitude**: State out loud:  **“IF anybody has a concern at any time during the procedure please SPEAK UP.”** |

**Has the patient had anything to eat or drink in the last 6 hours? YES / NO**

**Other PATIENT SPECIFIC preparation:**

**Post-Procedure TIME OUT**

**What did we do well? What can we improve upon?**

**□ No CQI Issues**

**Feedback:**

|  |  |
| --- | --- |
| 1. RT |  |
| 1. Nurse |  |
| 1. Resident |  |
| 1. NP/PA |  |
| 1. Fellow |  |
| 1. Attending |  |

**ETT Cuff adjusted to minimal leak: YES / NO Sedation Goal \_\_\_\_\_\_**

**Was the patient difficult to ventilate? YES/NO Was the Patient difficult to Intubate? YES/NO**

**Back page completed by (PRINT):**

**Intubated by:**

**□ NEAR4Kids data form completed after intubation?**