Airway Bundle Checklist (FRONT and BACK)

Date: DatePlaceholder

Time: TimePlaceholder

**Front page completed**: FrontPagePlaceholder

By: DocumenterPlaceholder

Room Number: room\_number

TEST CHAMBER: who\_will\_intubate

TEST CHAMBER: other\_intubate

TEST CHAMBER: who\_will\_bvm

TEST CHAMBER: other\_bvm

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

**Assessment for ANTICIPATED Airway Management**

**Intubation Risk Assessment**

**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, R3

vasopressor, CPR)

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 other\_intubate

**Who** will bag-mask? who\_will\_bvm other\_bvm

**How** will we intubate? **Method:** intubation\_method **ETT Type:** ett\_type

**ETT Size:** ett\_size

**Device:** **** Laryngoscope LMA lma\_details **** glide\_details ****Other: other\_device\_details

**Blade: ** Mac mac\_details **** Millermiller\_details **** Wis-Hipple wis\_hipple**\_details**

**Meds:** **** Atropine atropine\_dose **** Glycopyrrolateglycopyrrolate\_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 = 5L; 1-7y = 10 L; > 8 y = 15L)

**Other:** other\_planning

**When** will we intubate? (Describe the timing of airway management):

when\_intubate

**Backup Advanced Airway Provider**: advance\_airway\_provider

**Difficult Airway Protocol Initiation:** advance\_airway\_procedure

**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?**