Airway Bundle Checklist (FRONT and BACK)



Date: DatePlaceholder

Time: TimePlaceholder

**Front page completed**: FrontPagePlaceholder

By: DocumenterPlaceholder

Room Number: room\_number

**□ 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

who\_will\_intubate