

Invasive Procedure Safety Checklist: ITU INTUBATION

BEFORE THE PROCEDURE		TIME OUT		SIGN OUT	
Preparation		Verbal confirmation between team members before start of procedure			
Have all members of the team introduced themselves?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were difficult airway plans discussed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Endotracheal position confirmed (EtCO ₂ trace)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Patient Position Optimised?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is senior help needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tube depth checked (B/L Air entry)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are spinal precautions required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is role allocation clear? (intubator, drugs, assistant, cricoid, MILS)	<input type="checkbox"/> Yes <input type="checkbox"/> No	ETT secured and cuff pressure checked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pre-oxygenate: 100% FiO ₂ for 3 mins	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is difficult airway anticipated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nasal O ₂ Removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are nasal cannulae for apnoeic ventilation needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any concerns about procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Appropriate Ventilator settings confirmed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Water's circuit available and ready?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you had any concerns about the procedure, how were these mitigated?			
Is cricoid pressure considered and NGT aspirated?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Post intubation sedation ready?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Equipment and Drugs					
Is Monitoring attached ? (ECG, SpO ₂ , BP on regular cycling, EtCO ₂)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Is suction ready?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Is adequate venous access in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Are working Laryngoscope/s and bougie ready?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Are Endotracheal tube/s ready?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Are Oropharyngeal airways and iGels available?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Is Difficult airway trolley likely to be needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Are Drugs and Vasopressors ready?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Any Drug allergies Known?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Team					
Is senior help needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Procedure date: _____ Time: _____			
Is Role allocation clear? (Intubator, drugs, assistant, cricoid, MILS)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Operator: _____			
Is difficult airway anticipated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Observer: _____			
		Assistant: _____			
		Level of supervision: SpR _____ Consultant _____			
		Equipment & trolley prepared: _____			
				Patient Identity Sticker: _____	
				Signature of responsible clinician completing the form	

During the Procedure			
Personnel	Name		Grade
Intubation			
Drugs			
Other (Assistant)			
Intubation	Laryngoscopy Grade	ETT size (IDmm)	Length @ teeth (cms)
Oral/Nasal ETT		Method of Intubation	
Pharmacology	Drug		Dose
Induction agent			
NMB agent			
Opiate			
Vasoactive agent			
Other Drugs			
Spinal precautions used (If Applicable)			
Comments:			
Adverse Events documented:			