

Emergency Department INTUBATION CHECKLIST

AGH	
WRH	

<input type="text" value="Name"/>	<input type="text" value="Age"/>	<input type="text" value="DoB"/>	<input type="text" value="Hosp number"/>	<input type="text" value="NHS Number"/>	<input type="text" value="ED episode number"/>
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BEFORE THE PROCEDURE Indication: Failure airway Failure Ventilation Predicted Clinical Course

	Yes	No		Yes	No
All team members introduced themselves ?			Patient position optimised ?		
Are Cervical Spine precautions needed ?			Pre-oxygenate: 100% FiO ₂ for 3 mins		
Are nasal cannulae for apnoeic ventilation required ?			Bag & Mask ready +/- Water's Circuit needed ?		
Cricoid pressure considered ?			Post intubation drugs (sedation , paralysis) ?		
Adequate monitoring (ECG, Sats, ETCO ₂ , BP)			Suction ready ?		
Working laryngoscope(s) and Bougie			Endotracheal tube(s) ready ?		
OPAs & iGels available ?			Difficult Airway trolley likely to be needed ?		
Drugs and vasopressors ready ?			Drug allergies known		

TIME OUT – Verbal communication between team members before start of procedure

	Yes	No		Yes	No
Role allocations clear (intubator, drugs, cricoid, MILS etc) ?			Need for and location of senior help		
Difficult Airway anticipated ?			Difficult Airway plan discussed		

DURING PROCEDURE Adverse Events No YES (record below or in notes)

NOTES

SIGN OUT

	Yes	No		Yes	No
ET Tube position confirmed (ETCO ₂)			Bilateral air entry confirmed		
ET Tube secured and cuff pressure checked			Appropriate ventilator settings		
Sedation / paralysis / Analgesia prescribed			ICP optimisation required ?		
Chest X-ray ordered to confirm position ?			Verbal Handover to Nurse ?		

Chest X-Ray Review Clinician	PROCEDURE Date Time (24hr)	Senior Clinician Sign-Off (print & sign)
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<Name> <Age> <DoB> <Hosp number> <NHS Number> <ED episode number>

PERSONNEL

	Name	Grade	Specialty
Intubator			
Drugs			
Cricoid Pressure			
Other (state)			

PHARMACOLGY

	Drug	Dose(s)
Induction Agent(s)		
Neuromuscular Agent(s)		
Opiate(s)		
Vasoactive Agent(s)		
Other drugs		

INTUBATION

Laryngoscopy Grade	I II III IV	ETT Size (ID)	
Bougie	<input type="checkbox"/> Yes <input type="checkbox"/> No	ETT Length at teeth (cms)	
MIL Stabilisation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attempts	
Oral / Nasal	<input type="checkbox"/> Oral <input type="checkbox"/> Nasal	Laryngoscope	