

# Airway Checklist



## Before Intubation

## Intubation

## After Intubation

### Preparation

### Performance

### Protection

#### Team Ready?

- EP aware/Experienced airway staff present
- Do we need additional help?
- Assign roles: Lead/MILS/BVM/Drugs/ETI

#### Patient Ready?

- Monitor (Pulse ox, Card, BP, EtCO<sub>2</sub>)
- Positioning
  - Ear to Sternal Notch
  - Reverse Trendelenberg 30°
  - Ramp if obese
- Dual PreOxygenation (Both)
  - Nasal Cannula @ 15+LPM AND
  - NRB @ 15 -> flush LPM
  - OR If Sats <96%
  - BVM/PEEP 5-10 cm (passive) OR
  - NIV
- Fluid Bolus
- Pressor support (consider if SI>.8)

#### Equipment Ready?

- BVM with PEEP/Pressure manometer
- DL/Mac VL ETT stylet 30-40° + Bougie
- Hyperacute (HA) VL ETT stylet 60-70°
- Suction (1-2)
- SGA sized
- Bougie cric equip available

#### Airway Assessment & Plan

- Estimated Level of Difficulty Laryngoscopy/BMV/SGA/Surgical (Circle) Low, Moderate, High, Very High
- Considered Dangerous Physiology Low BP/low Sat/low pH/RV strain
- RSI vs. "Awake" approach
- Medications
  - RSI Induction/NMBA doses
  - Awake lido 4% Ez spray/5% oint
  - Ketamine facilitated coop .5-1.5 mg/kg
  - Post intubation sedation
- Plan A - Primary - DL, Mac VL+ Bougie or HA-VL
- Plan B - ReOx b/w ETI-> OPA/2-hand BVM
- Plan C - Alternative ETI approach
- Plan D - Rescue Ox-> SGA/bougie cric

#### Intubation

- Time Out - "All ready?" "Give drugs"
- Post RSI meds 45 sec count down
- Passive BVM+HFNO/vent prn
- Prob solve ETT advancement
  - ETT turn left over bougie
  - Stylet with VL ETT turn right
- EtCO<sub>2</sub> (Waveform)

#### Post-Intubation

- Continuous Waveform Capnography
- Cycle pressures q3min
- Sedation/analgesia orders
- Consider ongoing NMBA
- OG Tube placement prn
- CXR
- Restraints prn
- Review ventilator settings
- Debrief**
  - 1) What went well? \_\_\_\_\_  
\_\_\_\_\_  See Back
  - \*2) What could be strengthened & how? \_\_\_\_\_  
\_\_\_\_\_  See Back
- Difficulty Rating** (Post Intubation) (Circle) Low, Moderate, \*High, \*Very High
  - \*For "High/Very High" Difficulty Ratings:
    - Directly communicate to CC staff
    - Document on chart
    - What made the Airway Difficult? \_\_\_\_\_  
\_\_\_\_\_  See Back

