

PAEDIATRIC INTUBATION CHECKLIST

Prepare for difficulty

- Are any specific complications anticipated?
 - Previous difficult airway
 - Rapid desaturation
 - Circulatory collapse
- If the airway is difficult, could we wake the patient up?
- If the intubation is difficult, how will you maintain oxygenation? (Facemask/supraglottic airway and adjuncts, front of neck access)
- Is the relevant equipment, including alternative airway, immediately available?
- Is the environment optimal?

Prepare equipment

- What monitoring is applied?
 - ECG
 - Blood pressure (cycling 2 min intervals)
 - Saturations
 - Capnography
- What equipment is checked and available?
 - Self-inflating bag / T-piece
 - Facemask and adjuncts
 - Suction
 - Correctly sized uncut ET tubes - cuffed or uncuffed?
 - 2 laryngoscopes
 - Stylet / Bougie
 - Tapes / Ties
- Do you have all the drugs required, including induction agents, vasopressors (dilute adrenaline) and IV fluid boluses?

Prepare patient

- Is preoxygenation optimal?
- Is the patient's position optimal?
 - neck flexion
 - head position
- NG tube considered?
- Is IV access adequate?
- Can the patient's condition be optimised any further before intubation?
 - Fluid resuscitation?
 - Inotropes attached / running?
- How will anaesthesia be maintained after induction?

Prepare team

- Who is ...?
- Team leader
 - First intubator
 - Second intubator
- (consider local intensivist, anaesthetist or neonatologist)
- Intubator's assistant to:
- Empty stomach
 - Give Drugs
 - Cricoid pressure
 - MILS (if indicated)
- How do we contact further help if required?

