WELLINGTON ICU ☑ INTUBATION CHECKLIST

ASSESS

- ■ DIFFICULT AIRWAY PREDICTED?
  - ○ BMI
  - ○ Conscious level/compliance
  - ○ Mouth opening/Mallampati
  - ○ Neck mobility
  - ○ Dentition
  - ○ Facial hair/features
  - ○ Obstruction/oedema

- ■ RISK OF PHYSIOLOGICAL COMPROMISE?
  - ○ Cardiovascular instability
  - ○ Hypoxia
  - ○ Acidosis
  - ○ Raised ICP
  - ○ Aspiration
  - ○ Underlying disease
  - ○ Allergies

- ■ ARE THE **ICU SMO & ACNM** AWARE?

- ■ DO YOU NEED AN **ANAESTHETIST** +/- DIFFICULT AIRWAY TROLLEY?

#6899 Duty Anaesthetist
#6345 Anaesthetic Technician

EQUIP

- ■ MONITORING READY?
  - ○ Pulse oximetry & ECG
  - ○ End-tidal CO_2 (check HME filter cap is closed)
  - ○ NIBP (cycling q2 min) or arterial line

- ■ EQUIPMENT READY & CHECKED?
  - ○ Self-inflating bag. Check O_2 flowing at maximum rate
  - ○ Oro/nasopharyngeal airways
  - ○ LMA/i-gel
  - ○ ETT x2 (including 1 size down)
  - ○ Laryngoscopes x2 checked - direct/video, blades x2 sizes
  - ○ Bougie
  - ○ Suction functioning
  - ○ Stethoscope
  - ○ CICO* kit
  - ○ Ventilator set-up & ready

- ■ DRUGS & LINES READY?
  - ○ IV access checked
  - ○ IV fluids available
  - ○ Induction agents (analgesia, sedation, paralysis)
  - ○ Vasopressors (metaraminol +/- adrenaline)
  - ○ Post-intubation sedation

TEAM

- ■ ALLOCATE TEAM ROLES
  - ○ Team leader
  - ○ 1st intubator
  - ○ 2nd intubator
  - ○ Airway assistant
  - ○ Drug administrator
  - ○ Bedside nurse +/- senior support nurse
  - ○ CICO* rescuer
  - ○ Consider manual in-line stabilisation for unstable C-spine if required
  - ○ Consider cricoid pressure

- ■ CONSIDER BAG MASK VENTILATION **DURING INDUCTION** TO PREVENT HYPOXIA

**CICO: Can't Intubate Can't Oxygenate*

PLAN

- ■ IS THE PATIENT OPTIMISED?
  - ○ Position:
    - ○ Head extended, neck flexed, +/- ramp, +/- Oxford HELP pillow
  - ○ Pre-oxygenation
    - ○ +/- Passive oxygenation with nasal prongs
  - ○ Haemodynamics
  - ○ NG feed stopped & tube aspirated
  - ○ Bed height

- ■ WHAT ARE THE PLANS FOR **ANTICIPATED PHYSIOLOGICAL COMPROMISE**?

- ■ WHAT ARE **PLANS A,B & C** IF THE AIRWAY IS DIFFICULT?

- ■ HAVE WE **COMMUNICATED** WITH THE PATIENT AND THEIR FAMILY?

- ■ ANY **QUESTIONS**/CONCERNS?

PROCEED TO INTUBATION

- ■ POST-INTUBATION SEDATION & IMAGING

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