



ASSESS



EQUIP



TEAM



PLAN



- 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

- MONITORING READY?
 - Pulse oximetry
 - End-tidal CO₂
 - NIBP (cycling q2 min) or arterial line
 - ECG
- EQUIPMENT READY & CHECKED?
 - Self-inflating bag with maximal O₂ flow
 - 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

- 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

- 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