



ASSESS



- IS A DIFFICULT AIRWAY PREDICTED?
 - Conscious level/compliance - consider pre-induction midazolam/ketamine
 - Facial hair - consider shaving to optimise seal
- PREPARATION FOR DIFFICULT AIRWAY REQUIRED?
- IS THERE RISK OF PHYSIOLOGICAL COMPROMISE?
- REVIEW KNOWN ALLERGIES
- ARE THE ICU SMO & ACNM AWARE?
- COMMUNICATION WITH PATIENT & THEIR FAMILY
- GOALS OF CARE DISCUSSION
- **CHECKLIST TO BE COMPLETED IN ANTE ROOM PRIOR TO ENTERING**

DON PPE BEFORE ENTERING

EQUIP



- AIRWAY BOX EQUIPMENT
 - ETTx2, syringe, AnchorFast, gel
 - Bougie, OPA, NG tube
 - Video laryngoscope (VL) with blade - **check battery**
- ANTE-ROOM EQUIPMENT
 - Spare VL blade
 - Direct laryngoscope (1 blade)
- PATIENT ROOM EQUIPMENT
 - Disposable Ambu bag with PEEP valve, HME filter, face mask
 - Suction - Yankauer & inline
 - ETT clamp available
 - OPA, i-gel, Surgical airway (scalpel & #6.0 ETT)
 - Ventilator set up & ready
- PATIENT MONITORING
 - SpO₂, EtCO₂, ECG, NIBP (cycling 1 min)
- DRUGS & LINES
 - IV access x2 & checked
 - IV fluids & flushes
 - Induction agents: **ketamine 1-2mg/kg, rocuronium 1.2mg/kg, fentanyl, propofol**
 - Vasopressors: **metaraminol, adrenaline 10mcg/ml**
 - Post-intubation sedation (propofol)

TEAM



- ALLOCATE TEAM ROLES
 - Intubator - most experienced doctor available
 - Airway/ventilation assistant
 - Drug administrator & physiology overview
 - Outside runner +/- second doctor in PPE
 - Test phone comms in/our of room
- IS THE PATIENT OPTIMISED?
 - Position - patient & bed
 - Haemodynamics
- **VERBALISE PLAN WHILST PRE-OXYGENATING**
- ANY QUESTIONS OR CONCERNS?



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PLAN &



DO

- PRE-INTUBATION
 - Tight fitting mask (2 handed)/ Ambu bag, HME filter, PEEP valve, EtCO₂
 - Bag-mask ventilate as required
- INTUBATION
 - **Plan A:** VL/ETT +/- Bougie (remove Bougie carefully)
 - **Plan B:** i-gel/Ambu bag
 - (**Plan C:** oropharyngeal airway/ Ambu bag - **optional**)
 - **Plan D:** surgical airway
- POST-INTUBATION
 - Inflate cuff & connect bag
 - Confirm ETT position with EtCO₂, chest movement & auscultation
 - Connect to vent
 - Insert NG tube
 - Start sedation
 - CXR to confirm NG placement

DOFF PPE AS PER GUIDANCE