

Affix Patient Label here or record

NAME:

NHS NO:

HOSP NO:

D.O.B: // MALE FEMALE

EMERGENCY INTUBATION CHECKLIST

Date:...../...../.....

IS THE PATIENT PREPARED?

IS MONITORING APPLIED?

- Optimise clinical state
- Assess Airway
- Optimise position
- Pre-oxygenate

- SpO2
- ECG & BP (Cycle 3-5 mins)
- Ensure ETCO2 trace visible
- Set SpO2 tone and Alarms ON

IS EQUIPMENT READY?

CONSIDER DRUGS

- Consider Video-Laryngoscope
- Working suction
- Alternative Laryngoscope & ET tube
- Bougie
- Supraglottic Airway Device (i-Gel)
- Self inflating Bag
- Tipping trolley

- Induction Agent
- Muscle relaxant
- Post induction sedation
- Vasopressor / fluids

ALLOCATE ROLES

- Team leader
- Intubator
- Cricoid Pressure
- Intubator assistant
- Drug giver

- 2nd intubator
- Rescue airway provider
- C-spine stabilisation
- Is ODP required (WRH bleep 704)
(ALEX bleep 0101)

PREPARE FOR PROBLEMS

- Who can be called for help?
- Can patient be woken up?
- Where is the difficult airway equipment?
- Discuss plan for difficult intubation:
- Plan A i.e bougie/BURP/cricoid release/position change/laryngoscope change
- Plan B i.e oxygenate, i-Gel, Fibre-optic intubation
- Plan C i.e surgical or needle cricothyroidotomy

Signature to proceed:.....
Designation:

Print Name:
Date:



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RSI INTUBATION CHECKLIST - please use for out of theatre intubations

Please file in patients medical records

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