

PRE-INTUBATION CHECKLIST

EQUIPMENT NEEDED	PREPARE PATIENT	PREPARE EQUIPMENT	TEAM BRIEF
<ul style="list-style-type: none"> • Induction drugs <input type="checkbox"/> • Oxygen mask <input type="checkbox"/> • Anaesthetic circuit <input type="checkbox"/> • Guedel airway <input type="checkbox"/> • Yankauer suction <input type="checkbox"/> • Laryngoscope <input type="checkbox"/> • Lubricant gel <input type="checkbox"/> • ETT (1 size above and below chosen size) <input type="checkbox"/> • McGill forceps <input type="checkbox"/> • Stylet/bougie <input type="checkbox"/> • ETCO2 <input type="checkbox"/> • Stethoscope <input type="checkbox"/> • Syringe for cuff <input type="checkbox"/> • Tapes <input type="checkbox"/> 	<ul style="list-style-type: none"> • History of previous intubation? <ul style="list-style-type: none"> ○ Grade ○ Difficulties • Asses Dentition <input type="checkbox"/> • Fasting status <input type="checkbox"/> • Patient suitable for preoxygenation? <input type="checkbox"/> • Patient stable? <input type="checkbox"/> <ul style="list-style-type: none"> ○ Consider fluid ○ Inotropes – Adr/atropine ○ Choice of induction Rx • Patient positioning <ul style="list-style-type: none"> ○ Head roll ○ C spine precautions • Access assessed? <input type="checkbox"/> • Patient sedation post anaesthesia <ul style="list-style-type: none"> ○ What infusions are needed? • NGT aspirated? <input type="checkbox"/> 	<ul style="list-style-type: none"> • Patient monitoring <ul style="list-style-type: none"> ○ Sats - Good trace ○ ECG - Good trace ○ BP – Auto -1 min – not on sats limb ○ ETCO2 ready • QRS volume audible • Turn O₂ on: 10-15l/min @ 100% • Induction drugs prepared and access checked • Emergency airway trolley available if necessary • Check light on laryngoscope • Check cuff on ETT and lubricate tip • Cut tapes • Set ventilator 	<ul style="list-style-type: none"> • Team leader to assign roles 1. Intubator 2. Airway assistant <ul style="list-style-type: none"> a. Hand laryngoscope b. Hand ETT c. Hand bougie/stylet d. Connect Bagging circuit with ETCO2 e. Tapes 3. Drug administrator <ul style="list-style-type: none"> a. Drug order b. Drug doses 4. Observer – watch vitals <ul style="list-style-type: none"> a. Give verbal targets for sats/hr/BP for intervention and notification 5. Share concerns you have 6. Ensure team happy to proceed

Date: ___/___/___

Time: _____

Intubation Record

Patient Age: _____ weight: _____ Kg
Previous endotracheal intubation? Y / N

Malignant hyperthermia risk? Y / N
Previous airway grade? _____

Indication for this intubation: _____

Rapid sequence induction required? Y / N

Medications used in induction of anaesthesia:

Ketamine: _____ mg Fentanyl: _____ mcg Midazolam: _____ mg

Propofol: _____ mg Thiopentone: _____ mg Sevoflurane: _____ Other: _____

Atracurium: _____ mg Rocuronium: _____ mg Suxamethonium: _____ mg

Patient easy to bag mask ventilate? Y / N

If no, what technique used to maintain airway: _____

Oral airway adjunct (Guedel) required? Y / N If yes – what size? _____

Cormack-Lehane grade of intubation view: circle in box 

Blade used: Miller / Macintosh / Video Blade size: _____

Oral / Nasal intubation? – Circle Depth: _____ cm

ETT size: _____ Cuffed: Y / N

Special positioning required? Y / N _____

Cricoid pressure required? Y / N

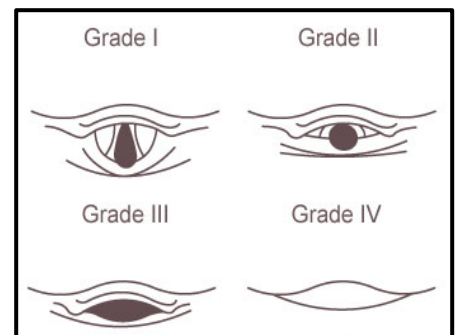
Stylet required? Y / N Size: _____

Bougie required? Y / N Size: _____

LMA required? Y / N Size: _____

ENT / Anaesthesia assistance required? Y / N

CXR performed to check ETT placement? Y / N



Intubator: _____

Specialty: _____

Grade: _____

No. attempts to intubate: _____

Supervised? Y / N

Emergency procedure? Y / N