

## Emergency Airway Pre-Transport Stabilisation Checklist

<b>A=Airway</b>		
Airway Type		
Grade of Airway:		
Who assessed the Grade of airway:		
Which team Intubated:		
ETT tube Size:		
Position:	Oral <input type="checkbox"/>	Nasal <input type="checkbox"/>
ETT secured	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is the airway secured with:		
Has the ETT tube been cut	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the ETT position been confirmed on X-ray:		
Adjuvants used:		
C-spine immobilisation:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Secondary survey undertaken:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Basal Skull Fractures:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
NG tube inserted and on free drainage	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has dexamethasone been given:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Brief history of airway management:	Team:	Kit used:
Appropriately sized face mask and BVM:	Yes <input type="checkbox"/>	Size:
Airway Adjuncts	Yes <input type="checkbox"/>	Size:
Back up airway plan:		

<b>B=Breathing</b>		
Adequate ventilation via Anaesthetic circuit or ventilator:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Type of ventilation:		
Vent Settings	PIP/PS/PC:	PEEP:
	FIO2	SAO2
O2 cylinders checked	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Capnography in place:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Chest movement and equal air entry:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Portable suction checked and functioning	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>Access</b>		
Iv access	Site 1: Site Checked:	Size:
	Site 2: Site checked:	Size:

IO access:	Site 1	Size & position:
	Site 2	Size & position:
Checked on X-ray	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Central line access:	Type:	Position and Size:
	Site checked:	
Arterial line	Site:	Clearly labelled:
	Site Checked:	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Fluids</b>		
Fluid resuscitation given:	Type:	Volume mls/kg:
Maintenance fluid:	Rate	% of fluid allowance:
<b>Inotropes</b>	Concentration	mcg/kg/min
Agent 1		
Agent 2		
Agent 3		
<b>Monitoring</b>		
ECG	Yes <input type="checkbox"/>	No <input type="checkbox"/>
B/P	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sao2	Yes <input type="checkbox"/>	No <input type="checkbox"/>
C02	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Temperature Checked:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Warming blanket	Yes <input type="checkbox"/>	No <input type="checkbox"/>

D=Drugs	Allergies	Patients Weight
<b>Drugs Sedation</b>		
Agent 1:	Rate: Bolus amount:	Mcg/kg/hr
Agent 2:	Rate: Bolus amount:	Mcg/kg/hr
Agent 3:	Rate: Bolus amount:	Mcg/kg/hr
<b>Emergency Drugs</b>	Pre calculated	
Adrenaline: Atropine: Suxamethonium:		
<b>Disability</b>		
<b>Pupils Size</b>	Reaction	Shape
R L		

Receiving hospital	Informed and ready	Parents updated	All equipment secured
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>