

Preparing for intubation checklist

Emergency intubation?

Yes

Turn over and proceed with fast checklist

No

Continue with preparation checklist below then turn over for final checks

Plan A – tracheal intubation

Not > 2 attempts before changing operator or technique
Not > 4 attempts total
Check: Neck flexion and head extension
Laryngoscopy technique
External laryngeal manipulation (remove or adjust)
Vocal cords open (adequate paralysis)

Plan B – rescue oxygenation SGA

Not > 3 attempts
Maintain oxygenation between attempts
Change device, size, operator
If successful and safe, consider FOI via LMA

Plan C – rescue oxygenation facemask

Convert to facemask, oxygenate and ventilate
Optimise head position
2-person bag-mask technique, CPAP, oro/nasopharyngeal airway
Manage gastric distension with OG/NG tube
Reverse non-depolarising relaxant

Plan D – emergency FONA

1. Level rises during exhalation and falls during inspiration
2. Consistent or increasing amplitude over 7 breaths
3. Peak amplitude > 1kPa (7.5 mmHg) above baseline
4. Reading is clinically appropriate

Airway plan as per DAS CICV 1-8 years flowsheet

H

Is this high risk?

Previous difficult intubation? CVS instability or vasopressors/inotropes? **Involve consultant anaesthetist early and consider ENT**

E

Equations

Weight, drug doses, equipment sizes
Routine: fent 2mcg/kg, ketamine 2mg/kg, roc 1mg/kg

L

Look at child

Any predictors of difficult airway? Is position optimal?
Consider VL as first line

P

Parent brief

Parents may wish to be present
Explain 'plan B' safety briefing is routine

K

Get kit ready

Attach monitoring
Get kit including **Making Airways Safe Trolley (MAST)**

I

IV access

Secure and flush IV access
Aim to have 2 separate lines

D

Draw up drugs

Extra flushes and fluid bolus
Emergency drugs with clear labels

S

Empty stomach

Insert NG
Aspirate regularly when mask ventilating

Verify ETT position with capnography + auscultation + visual checks
All 4 sustained exhaled CO₂ criteria must be met:

Emergency intubation fast check

Prepare patient

- ☐ Commence pre-oxygenation
- ☐ Optimise position (shoulder roll, head ring, pillow?)
- ☐ Check the cannula is working
- ☐ Attach monitoring
- ☐ Aspirate the stomach
- ☐ Optimise physiology (fluids, vasopressors / inotropes)

Equipment sizes

Uncuffed ETT

- ☐ Term neonate: 3.5 mm ID
 - ☐ 5 months 4.0 mm ID
 - ☐ >1 year (Age/4) + 4
- Length Oral ETT
- ☐ > 1 year (Age/2) + 12

eFONA equipment sizes

Age 0 – 2 years

- ☐ Size 10 Scalpel + 8 Fr Bougie + Cuffed 3 & 4mm ID ETT

Age 2 – 8 years

- ☐ Size 10 Scalpel + 10 Fr Bougie + Cuffed 4 & 5 mm ID ETT

Age 8 – Adult

- ☐ Size 10 Scalpel + 14 Fr Bougie + Cuffed 5 & 6 mm ID ETT

Prepare equipment

Check monitoring

- ☐ Audible SpO2 'beeps'
- ☐ BP cuff on 2-minute cycling
- ☐ ETCO2 waveform showing

Equipment to ventilate

- ☐ Anaesthetic circuit with ETCO2, filter and catheter mount
- ☐ Yankauer suction under pillow
- ☐ Face mask
- ☐ OPA/guedel airway

Equipment to intubate

- ☐ Two direct laryngoscopes
- ☐ Bulbs working?
- ☐ ET tube with cuff tested
- ☐ Size below / uncuffed
- ☐ Bougie / stylet
- ☐ Supraglottic airways with syringe to inflate
- ☐ Guedel / nasal airways
- ☐ **Use video laryngoscope as first line if suspecting difficulty**

Check the drugs

- ☐ Consider using ketamine
- ☐ Relaxant
- ☐ Fluid bolus/extra flushes
- ☐ Vasopressors needed?
- ☐ Maintenance sedation

Prepare team

Allocate roles

- ☐ Who is intubating?
- ☐ Who is assisting?
- ☐ Who is giving drugs?
- ☐ Identify other team members present

Plan for difficulties

- ☐ Confirm the primary intubation plan (see overleaf)
- ☐ Confirm the drug doses
- ☐ What is Plan B? C?
- ☐ Is the appropriate size eFONA equipment available?
- ☐ HELP – Who? How to reach them?

Verify ETT position with capnography
+ auscultation + visual checks

Check for sustained exhaled CO₂

After intubation

- ☐ Tape tube in position
- ☐ Initiate sedation
- ☐ Establish mechanical ventilation
- ☐ Chest x-ray
- ☐ Re stock emergency airway trolley