

## Intubation checklist

To be completed before every intubation and filed in patients notes afterwards.  
Has this infant previously been intubated or received LISA?  
If so, check their records.

### Patient demographics

Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Hospital number: \_\_\_\_\_

### 1. Equipment

#### Airway:

- ☐ Correct sized mask
- ☐ LM/oropharyngeal airway
- ☐ Working suction

#### Breathing:

- ☐ Ventilator settings
- ☐ T- piece resuscitator settings
- ☐ Stethoscope
- ☐ High flow therapy

#### Intubation:

- ☐ Laryngoscope (VL & Direct)
- ☐ ET tubes (size expected & one size above and below)
- ☐ Stylet
- ☐ End tidal CO2 monitoring
- ☐ ETT securing equipment

Premedication drugs.

Check location of difficult airway box.

- Do you need it?

### 2. Patient

#### Confirm infant identity

Indication for intubation: \_\_\_\_\_

- Parents aware/informed? Y ☐ N ☐
- If not, why? \_\_\_\_\_
- Parents present: \_\_\_\_\_
- Consultant aware? Y ☐ N ☐ (if applicable)
- Correct baby position.
- Thermal care plan.
- Continuous monitoring (HR/SaO2 minimum)
- HFT 8l/min being used?
- Secure IV access.
- NGT/OGT aspirated.
- Preoxygenate with appropriate FiO2 target.

### 3. Team

#### Roles

Team lead: \_\_\_\_\_  
Airway lead (airway and intubation): \_\_\_\_\_

#### Airway support

(airway equipment, auscultation, assists 2 person technique)

Patient comfort (IV drugs, comfort measures, suction): \_\_\_\_\_

Patient obs (obs, NGT/OGT aspiration, assist with ETT fixation): \_\_\_\_\_

- Summarise procedure plan.
- Difficult airway anticipated?
- Pre medication drugs
- **Escalation plan:**  
**Pause before 3rd attempt.**  
Please note 3rd attempt must be the most experienced intubator available (ideally level4-5).
- **Questions?**

### 4. Intubation note

Number of attempts: \_\_\_\_\_

Intubated by: \_\_\_\_\_

Role: \_\_\_\_\_

#### Grade of view (circle)

Grade 1: most of cords seen

Grade 2: <50% cords seen

Grade 3: epiglottis only

Grade 4: no laryngeal structures seen

ETT size and position at lips/nares: \_\_\_\_\_

Confirm with CO2 detection, auscultation, SpO2 & heart rate.

Confirm ETT fixed securely (push-pull test).

ETT position on CXR: \_\_\_\_\_

Post intubation blood gas

Any Difficulties? (circle all that apply)  
Poor view/ multiple attempts/  
change of device/ change of operator

Any complications?

(circle all that apply)  
Hypoxia/ bradycardia/ airway  
trauma/ pneumothorax

### Checklist completed by

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Role: \_\_\_\_\_ Date and time: \_\_\_\_\_

Immediately pre intubation:  
"Quiet please."  
Give medications ONLY when  
intubator ready.  
Ensure drugs are given time to work.