

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 baby 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)
- nHFT 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.
Need most experienced intubator available.
Do you need help?
Who will activate Difficult Airway Pathway?
Who will you call and how will you do this?
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.