

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?

Checklist completed by _____

Signature: _____

Date and time: _____

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?

Immediately pre intubation:

“Quiet please.”

Give medications ONLY when

intubator ready.

Ensure drugs are given time to work.

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

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