EMERGENCY PAEDIATRIC PRE-INTUBATION CHECKLIST

PATIENT PREPARATION

Pre-oxygenation
- □ 100 % O2
- □ CPAP via Anaesthetic circuit/Ayre's T-piece +appropriately sized mask

Patient Position
- □ Elevate head up to 30˚
- □ Optimised for intubation
  - Pillow
  - Neck roll

IV Access
- □ Adequate
- □ Patent
- □ Secure

Optimisation
- □ Fluids
- □ Vasopressors

NG Tube
- □ Stop feed
- □ NGT aspirated/free drainage

EQUIPMENT PREPARATION

Monitoring
- □ ECG
- □ NIBP (on 2min cycle minimum) +/- IABP
- □ SpO2 – tone on
- □ EtCO2 – in-line/detector

Equipment
- □ Suction on - Yankauer/catheters
- □ Oral / Nasal Airways/Supraglottics/FONA
- □ Stethoscope
- □ 2 laryngoscope handles + blades
- □ Videolaryngoscope (if appropriate blade/s available for child)
- □ 2 ETT (1 smaller) / Cuffed first choice>3kg
- □ Bougie/Stylet
- □ Magills forceps
- □ Syringe for cuff + manometer
- □ Tape to secure ETT
- □ Ventilator checked (If using Hamilton T1, ensure correct circuit for child weight i.e. neonatal circuit <20kg)
- □ Aquagel

Drugs
- □ Induction agents/sedation
- □ Muscle relaxant/reversal agent
- □ Vasopressor / Inotropes / Fluids
- □ Sedative Infusion

FINAL PREPARATION

Team
- □ 2 intubators/2 Assistants (consider neonatologist presence if available/appropriate)
- □ RSI/Cricoid Pressure
- □ Drugs (doses checked)
- □ Manual in-line stabilisation in known/suspected trauma
- □ Gentle ventilation pre-intubation
- □ Keep aspirating NGT whilst BVM

Communication
- □ **Airway plan shared (A,B,C,D)**
- □ Team roles clear
- □ Triggers for emergency drugs verbalised

Difficult Airway Anticipated?
- □ Difficult Airway trolley needed
- □ Paediatric Anaesthetist required
- □ Consider ENT consultant if time/available
- □ Apnoeic oxygenation

SEE DIFFICULT AIRWAY SOCIETY ALGORITHMS

POST INTUBATION CHECKLIST

- □ ETCO2 trace
- □ Bilateral air entry
- □ ETT secured
- □ Cuff pressure check
- □ CXR requested
- □ Appropriate ventilator settings
- □ Sedation commenced

The Newcastle upon Tyne Hospitals NHS Foundation Trust