

Invasive Procedure Safety Checklist: ITU INTUBATION

BEFORE THE PROCEDURE	
Preparation	
Have all members of the team introduced themselves?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is Patient Position Optimised?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are spinal precautions required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pre-oxygenate: 100% FiO2 for 3 mins	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are nasal cannulae for apnoeic ventilation needed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is Water's circuit available and ready?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is cricoid pressure considered and NGT aspirated?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Post intubation sedation ready?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Equipment and Drugs	
Is Monitoring attached ? (ECG, SpO2, BP on regular cycling, EtCO2)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is suction ready?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is adequate venous access in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are working Laryngoscope/s and bougie ready?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are Endotracheal tube/s ready?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are Oropharyngeal airways and iGels available?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is Difficult airway trolley likely to be needed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are Drugs and Vasopressors ready?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any Drug allergies Known?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Team	
Is senior help needed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is Role allocation clear? (Intubator, drugs, assistant, cricoid, MILS)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is difficult airway anticipated?	Yes <input type="checkbox"/> No <input type="checkbox"/>

TIME OUT	
Verbal confirmation between team members before start of procedure	
Were difficult airway plans discussed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is senior help needed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is role allocation clear? (intubator, drugs, assistant, cricoid, MILS)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is difficult airway anticipated?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any concerns about procedure?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you had any concerns about the procedure, how were these mitigated?	

Procedure date: Time:

Operator:

Observer:

Assistant:

Level of supervision: SpR Consultant

Equipment & trolley prepared:

SIGN OUT	
Endotracheal position confirmed (EtCO2 trace)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tube depth checked (B/L Air entry)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
ETT secured and cuff pressure checked?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Nasal O2 Removed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Appropriate Ventilator settings confirmed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Analgesia and sedation started?	Yes <input type="checkbox"/> No <input type="checkbox"/>
ICP optimisation required? D/W Neurosurgeon?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Chest X-Ray required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hand over to nursing staff?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature of responsible clinician completing the form	<input type="text"/>

Patient Identity Sticker:

During the Procedure			
Personnel	Name		Grade
Intubation			
Drugs			
Other (Assistant)			
Intubation	Laryngoscopy Grade	ETT size (IDmm)	Length @ teeth (cms)
Oral/Nasal ETT		Method of Intubation	
Pharmacology	Drug		Dose
Induction agent			
NMB agent			
Opiate			
Vasoactive agent			
Other Drugs			
Spinal precautions used (If Applicable)			
Comments:			
Adverse Events documented:			