

INVASIVE PROCEDURE SAFETY CHECKLIST: Intubation

| BEFORE THE PROCEDURE | | |
|---|-----|-----|
| Planning | | |
| Patient identity checked? | Yes | |
| Patient position optimised? | Yes | |
| Are spinal precautions required? | Yes | No |
| Pre-oxygenation plan? | Yes | |
| Cricoid pressure? | Yes | No |
| Is an NG tube required? | Yes | No |
| NG tube aspirated? | Yes | N/A |
| Known drug allergies? | Yes | No |
| Adequate venous access available? | Yes | |
| EQUIPMENT & DRUGS | | |
| Is monitoring attached? (ECG, SpO2, BP, EtCO2) | Yes | |
| Following equipment immediately available and working: | | |
| Manual ventilation device | Yes | |
| Suction | Yes | |
| Laryngoscopes | Yes | |
| Endotracheal tube(s) – size selected | Yes | |
| Bougie | Yes | |
| Oropharyngeal airways | Yes | |
| Supraglottic airway | Yes | |
| Difficult Airway Trolley location noted | Yes | |
| Drugs ready (induction agents, muscle relaxant, emergency drugs, post procedure sedation) | Yes | |
| TEAM | | |
| Location of senior help known? | Yes | N/A |
| Tasks allocated (e.g. intubator, drug administration, cricoid pressure, Assisting/Trained Assistance, runner, MILS if required) | Yes | |

| TIME OUT | | |
|--|-----|----|
| Verbal confirmation between team members before start of procedure | | |
| Difficult airway anticipated? | Yes | No |
| If yes, plans discussed | Yes | |
| Any other concerns about the procedure eg. Cardiovascular instability? | Yes | No |
| If yes, plans discussed | Yes | |

| SIGN OUT | | |
|--|-----|----|
| Endotracheal position confirmed with CO2 trace: - CO2 trace rises during exhalation and falls during inspiration - Consistent or increasing amplitude over 7 breaths - Peak amplitude > 1kPa above baseline - Reading is clinically appropriate | Yes | |
| Tube depth checked (bilateral air entry)? | Yes | |
| ETT secured? | Yes | |
| Cuff pressure checked? | Yes | |
| Ventilator settings appropriate? | Yes | |
| Analgesia and sedation started? | Yes | |
| Chest X-Ray required? | Yes | No |
| Procedure to be documented in patient records | Yes | |

Patient Identity Sticker:

Procedure Date:

Time:

Operator:

Assistant:

Supervisor:

Signature of responsible clinician completing the form