**INVASIVE PROCEDURE SAFETY CHECKLIST: ITU Intubation**

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| **BEFORE THE PROCEDURE** | | |
| **PREPARATION** | | |
| Have all members of the team introduced themselves? | Yes | No |
| Is patient position optimised? | Yes | No |
| Are spinal precautions required? | Yes | No |
| Pre-oxygenate: 100% FiO2 for 3 mins | Yes | No |
| Are nasal cannulae for apnoeic ventilation needed? | Yes | No |
| Is a Water’s circuit available and ready? | Yes | No |
| Is cricoid pressure considered and NGT aspirated? | Yes | No |
| Post intubation sedation ready? | Yes | No |
| **EQUIPMENT & DRUGS** | | |
| Is monitoring attached ? (ECG, SpO2, BP on regular cycling, EtCO2) | Yes | No |
| Is suction ready? | Yes | No |
| Is adequate venous access in place? | Yes | No |
| Are working laryngoscope/s and bougie ready? | Yes | No |
| Are endotracheal tube/s ready? | Yes | No |
| Are oropharyngeal airways and iGels available? | Yes | No |
| Is difficult airway trolley likely to be needed? | Yes | No |
| Are drugs and vasopressors ready? | Yes | No |
| Any drug allergies known? | Yes | No |
| **TEAM** | | |
| Is senior help needed? | Yes | No |
| Is role allocation clear? (Intubator, drugs, assistant, cricoid, MILS) | Yes | No |
| Is difficult airway anticipated? | Yes | No |

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

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| **Procedure date:** |  | |
| **Time:** |  | |
| **Operator:** |  | |
| **Observer:** |  | |
| **Assistant:** |  | |
| **Level of supervision:** | SpR | Consultant |
| **Equipment & trolley prepared:** |  | |



|  |  |  |
| --- | --- | --- |
| **SIGN OUT** | | |
|  | | |
| Endotracheal position confirmed (EtCO2 trace)? | Yes | No |
| Tube depth checked (B/L Air entry)? | Yes | No |
| ETT secured and cuff pressure checked? | Yes | No |
| Nasal O2 Removed? | Yes | No |
| Appropriate ventilator settings confirmed? | Yes | No |
| Analgesia and sedation started? | Yes | No |
| ICP optimisation required? D/W Neurosurgeon? | Yes | No |
| Chest X-Ray required? | Yes | No |
| Hand over to nursing staff? | Yes | No |

|  |  |
| --- | --- |
| Signature of responsible clinician completing the form |  |

**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: | | | | | | |