

Invasive Procedure Safety Checklist: ENDOTRACHEAL TUBE REVISION

BEFORE THE PROCEDURE	
Assessment & Plan	
Is the indication for ETT revision confirmed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is repositioning the ETT appropriate?	Yes <input type="checkbox"/> No <input type="checkbox"/>
- If yes , chosen technique discussed? (DL/VL/FOB)	Yes <input type="checkbox"/> No <input type="checkbox"/>
- If no , exchange technique discussed? (bougie/AEC)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Preparation	
Have all team members introduced themselves?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there any previous documented airway difficulty? (If yes, ensure appropriate personnel, consider optics)	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"/>
Increase FiO2 to 100% for 3 mins	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is high flow nasal oxygen (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"/>
NGT aspirated?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sedation/neuromuscular blockade optimised?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Equipment and Drugs	
Is monitoring attached? (ECG, SpO2, BP, 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"/>
Is all necessary airway equipment checked and ready?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is difficult airway trolley immediately available?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are drugs and vasopressors ready?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any known drug allergies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Team	
Is a second airway-trained doctor immediately available?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is role allocation clear? (Airway, assistant, drugs, cricoid, runner, timekeeper/scribe)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is full difficult airway plan discussed with team? (including emergency front-of-neck access)	Yes <input type="checkbox"/> No <input type="checkbox"/>

TIME OUT	
Verbal confirmation between team members before start of procedure	
Have difficult airway plans been discussed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is more senior help needed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is role allocation clear? (Airway, assistant, drugs, cricoid, runner, timekeeper/scribe)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any concerns about the procedure?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you had any concerns about the procedure, how have these mitigated?	

SIGN OUT	
Endotracheal tube position confirmed (EtCO2 trace)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tube depth checked (R/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"/>
Appropriate ventilator settings confirmed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Analgesia and sedation appropriate?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Chest X-Ray required/ordered?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature of responsible clinician completing the form	

Procedure date: Time:

Operator:

Observer:

Assistant:

Level of supervision: SpR Consultant

Equipment & trolley prepared:

Patient Identity Sticker:

ie DL= direct laryngoscopy
 VL= videolaryngoscopy
 FOB = Fibre optic bronchoscopy
 AEC = Airway exchange catheter