

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	

Patient Identity Sticker:

Procedure Date:

Time:

Operator:

Assistant:

Supervisor:

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

Signature of responsible clinician completing the form