## **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:

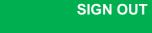
Procedure Date:

Time:

Operator:

Assistant:

Supervisor:



Endotracheal position confirmed with CO2 trace: - CO2 trace rises during exhalation and falls during inspiration - Consistent or increasing Yes amplitude over 7 breaths - Peak amplitude > 1kPa above baseline - Reading is clinically appropriate Tube depth checked (bilateral air entry)? Yes ETT secured? Yes Cuff pressure checked? Yes Ventilator settings appropriate? Yes

Analgesia and sedation started?

Procedure to be documented in

Chest X-Ray required?

patient records

Signature of responsible clinician completing the form

Yes

Yes

Yes

No