

INVASIVE PROCEDURE SAFETY CHECKLIST: Critical Care Endotracheal Intubation

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
Is a Water's circuit available and ready?	Yes	No
Pre-oxygenate: 100% FiO2 for 3 mins	Yes	No
Is cricoid pressure considered and NGT aspirated?	Yes	No
EQUIPMENT & DRUGS		
Is monitoring attached? (ECG, SpO2, BP on regular cycling)	Yes	No
Is capnography available and attached?	Yes	No
Is suction ready?	Yes	No
Are working laryngoscope/s and bougie ready?	Yes	No
Are subglottic suction endotracheal tubes ready?	Yes	No
Are oropharyngeal airways, LMAs and difficult airway trolley available?	Yes	No
Are anaesthetic and emergency drugs prepared?	Yes	No
Any drug allergies known?	Yes	No
PLAN		
Is difficult airway anticipated?	Yes	No
Is videolaryngoscope required? (Nearby or as first choice?)	Yes	No
Is more senior assistance required? (consultant anaesthetist/intensivist)	Yes	No
Post-intubation sedation ready?	Yes	No

TIME OUT		
Verbal confirmation between team members before start of procedure		
Plan for difficult/failed intubation verbalised	Yes	No
Is role allocation clear? (intubation, drugs, assistant, cricoid, MILS)	Yes	No
Any concerns about procedure?	Yes	No
If you had any concerns about the procedure, how were these mitigated?		

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

SIGN OUT		
Endotracheal position confirmed (Capnography trace)?	Yes	No
Tube depth checked (Bilateral air entry)?	Yes	No
ETT secured and cuff pressure checked?	Yes	No
Appropriate ventilator settings confirmed?	Yes	No
Analgesia and sedation started?	Yes	No
Is further neuromuscular blockade required?	Yes	No
Chest X-Ray required?	Yes	No
Grade of intubation recorded on whiteboard if on ICU?	Yes	No
Height and PBW recorded on whiteboard if on ICU?	Yes	No
Target tidal volume set?	Yes	No
Hand over to nursing staff?	Yes	No

Signature of responsible clinician completing the form	
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Patient Name:
Hospital Number:
Date of Birth:

Critical Care Endotracheal Intubation Record

Personnel	Name		Grade	
Intubation				
Drugs				
Supervisor				
Intubation	Laryngoscopy Grade	ETT size	Length at lips (cm)	
Method of laryngoscopy/intubation	Direct		Video	Fibreoptic
Cricoid pressure used?	Yes / No		Subglottic suction tube	Yes / No
Pharmacology	Drug		Dose	
Induction agent				
NMB agent				
Opioid				
Vasoactive agent				
Other Drugs				
Spinal precautions used (If Applicable)				
Comments and adverse events:				

Patient Name:

Hospital Number:

Date of Birth: