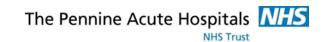
INVASIVE PROCEDURE SAFETY CHECKLIST: Critical Care Endotracheal Intubation



BEFORE THE PROCEDU	RE			
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?				
Are anaesthetic and emergency drugs prepared?		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 member procedure	pers befor	e start of
Plan for difficult/failed intubation	Yes	No
verbalised Is role allocation clear? (intubation,		
drugs, assistant, cricoid, MILS)	Yes	No
Any concerns about procedure?	Yes	No

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	

Patient Name:	
Hospital Number:	
Date of Birth:	



Critical Care Endotracheal Intubation Record								
Personnel	Name		Grade					
Intubation								
Drugs								
Supervisor								
Intubation	Laryngos Grade	сору	ET	Γ size	Length at li	ps (cm)		
Method of laryngoscopy/intubation	D	irect		Vide	20	Fibi	reopt	ic
Cricoid pressure used?	Yes	/ No		Subglottic suc	ction tube	Yes	/	No
Pharmacology	Drug				Dose			
Induction agent								
NMB agent								
Opioid								
Vasoactive agent								
Other Drugs								
Spinal precautions used (If Applica	ble)							
Comments and adverse events:								

ratient Name.
Hospital Number:
Date of Birth: