

Emergency Department Intubation Checklist

<input type="checkbox"/> Consider the indication for intubation	Is NIPPV an option? Is the patient DNI status? Has patient/family consented, if applicable?
<input type="checkbox"/> Preoxygenate with high-flow oxygen	
<input type="checkbox"/> Assess for 1. Difficult laryngoscopy 2. Difficult BVM 3. Difficult cricothyrotomy	Look externally, Evaluate 3-3-2 rule, Mallampati score, Obstruction, Neck Mobility <b>B</b> ead, <b>O</b> bese, <b>N</b> o teeth, <b>E</b> lderly, <b>S</b> leep Apnea / Snoring <b>S</b> urgery, <b>H</b> ematoma, <b>O</b> besity, <b>R</b> adiation distortion or other deformity, <b>T</b> umor
<i>If suspected difficult airway, use awake technique</i>	
<input type="checkbox"/> Check for dentures	Dentures in for bag-valve-mask, out for laryngoscopy
<input type="checkbox"/> Position patient	Patient alignment: External auditory meatus to suprasternal notch Bed height: Patient's head to operator's lower sternum
<input type="checkbox"/> Monitoring equipment	Continuous electrocardiogram Pulse oximetry Blood pressure End-tidal capnography (continuous or colorimetric) Two lines preferable
<input type="checkbox"/> IV access	
<input type="checkbox"/> Equipment	Use Broselow tape for sizes in pediatrics
<input type="checkbox"/> Ambu bag connected to oxygen	Verify that source is oxygen and not room air
<input type="checkbox"/> Laryngoscopy handles - verify power	At least two
<input type="checkbox"/> Laryngoscopy blades - verify bulbs	Curved and straight One size larger, one size smaller
<input type="checkbox"/> Suction under patient's shoulder - verify function	If suspected soiled airway (blood, vomitus, secretions), suction under each shoulder
<input type="checkbox"/> Oral airways	At least two
<input type="checkbox"/> Nasal airways	At least two
<input type="checkbox"/> Colorimetric capnometer (If continuous capnography not available)	
<input type="checkbox"/> Endotracheal tubes - verify cuffs	Variety of sizes
<input type="checkbox"/> ETT stylet	
<input type="checkbox"/> ETT securing device (tape if no device available)	
<input type="checkbox"/> Gum elastic bougie	
<input type="checkbox"/> Difficult airway equipment	Cricothyrotomy tools / LMA / Combitube / Glidescope / Fiberoptics
<input type="checkbox"/> Magill forceps if suspected foreign body	
<input type="checkbox"/> Drugs	
<input type="checkbox"/> Pretreatment agents, if applicable	<b>Atropine</b> .02 mg/kg for children <10y if using Sux <b>Lidocaine</b> 1.5 mg/kg for reactive airways or increased ICP <b>Fentanyl</b> 3 mcg/kg if high BP a concern <b>Roc</b> .06 mg/kg or <b>Vec</b> .01 mg/kg if increased ICP and using Sux
<input type="checkbox"/> Induction agent	<b>Etomidate</b> 0.3 mg/kg <b>Propofol</b> 1.5 - 3 mg/kg <b>Ketamine</b> 1-2 mg/kg <b>Midazolam</b> 0.2-0.3 mg/kg <b>Thiopental</b> 3-6 mg/kg
<input type="checkbox"/> Paralytic agent	<b>Succinylcholine</b> 2 mg/kg IV or 4 mg/kg IM Contraindications to succinylcholine: History of malignant hyperthermia Burn or crush injury > 5 days old Stroke or spinal cord injury > 5 days old Multiple sclerosis, ALS, or inherited myopathy Known hyperkalemia (absolute) / Renal failure or suspected hyperkalemia (relative)
<input type="checkbox"/> Normal saline flushes	<b>Rocuronium</b> 1 mg/kg <b>Vecuronium</b> .3 mg/kg
<input type="checkbox"/> Phenylephrine for post-intubation hypotension	100 mcg IV push
<input type="checkbox"/> Personnel	MD / RN / RT
<input type="checkbox"/> Post-intubation ventilator settings discussed	<b>A/C</b> <b>FiO2</b> 100% <b>RR</b> 18 [Asthma/COPD: 6-10] <b>TV</b> 8 mL/kg [work down to 6 mL/kg if prone to lung injury] <i>use ideal body weight</i> <b>I/E</b> 1:2 [Asthma/COPD 1:4 - 1:5] <b>Inspiratory Flow Rate</b> 60-80 L/min [Asthma/COPD 80-100 L/min] <b>PEEP</b> 5 cm H2O [CHF 6-12 > watch blood pressure] [PEEP 0 in Asthma/COPD]

## RSI vs. Awake Technique

<input type="checkbox"/> Verify tube placement	End-Tidal CO2 / Auscultation / Esophageal Detector Device
<input type="checkbox"/> Secure tube with appropriate device	
<input type="checkbox"/> Portable chest radiograph	
<input type="checkbox"/> Sedative and opioid drips	<b>Propofol</b> 5 mcg/kg/min <b>Midazolam</b> .025 mg/kg/hour <b>Fentanyl</b> 25 mcg/hour <b>Ketamine</b> 1 mg/kg load then 1 mg/kg/hour
<input type="checkbox"/> Head of bed to 30-45 degrees	
<input type="checkbox"/> Nasogastric or orogastric tube	
<input type="checkbox"/> Reduce cuff pressure to minimum required to abolish air leak	15-25 mm Hg by cuffolator
<input type="checkbox"/> In-line heat-moisture exchanger and in-line suction	
<input type="checkbox"/> Arterial blood gas within 30 minutes post-intubation	Adjust RR (not TV) to appropriate pH and pCO2 [keep pH ≥ 7.1 for permissive hyperCO2] Use incremental FiO2/PEEP chart for oxygenation; keep plateau pressure < 30 cm H2O
<input type="checkbox"/> DVT Prophylaxis	Unfractionated <b>Heparin</b> 5000 units SQ bid <b>Enoxaparin</b> 30 mg SQ bid
<input type="checkbox"/> Arrange for patient disposition, watch for post-tube complications	ICU vs. Transfer / Tube Dislodgement, Obstruction, Pneumothorax, Equipment failure