

Airway Checklist



AIMFairway.ca

Before Intubation

Intubation

After Intubation

Team Ready?

- EP aware/Experienced airway staff present
- Do we need additional help?
- Roles: Lead/MILS/BVM/Drugs/ETI/Timer
- RT/ Ventilator support

Patient Ready?

- Monitor (Pulse ox, ECG, BP, EtCO₂)
- Positioning
 - Ear to Sternal Notch Sniff
 - Reverse Trendelenberg 30°
 - Ramp if obese
- Dual PreOxygenation (Both)
 - Nasal Cannula @ 15+LPM AND
 - NRBM @ 15 -> flush LPM
 - OR If Sats <96%
 - BVM/PEEP 5-10 cm (passive) OR
 - NIV
- IV's/IO/Fluid Bolus
- *Pressor support (consider if SI>.8)

Equipment Ready?

- BVM with PEEP/Pressure manometer
- Waveform capnography on BVM
- DL/Mac VL ETT stylet 30-40° + Bougie
- HA-VL ETT stylet 60-70°
- Suction (Ducanto) (1-2)
- SGA sized
- Bougie cric equip available
- Ventilator/RT support

Airway Assessment & Plan

- Estimated Level of Difficulty Laryngoscopy/BMV/SGA/Surgical
 - Low, Moderate, High, Very High
- Considered Dangerous Physiology
 - Low BP/low Sat/low pH/RV strain
- RSI vs. "Awake" approach
- Medications
 - *RSI Induction/NMBA doses
 - Awake lido 4% Ez spray/5% oint
 - *Ketamine facilitated coop .3-1.0 mg/kg
 - Post intubation sedation/Pressors

Summarize Plan:

- Plan A - Primary - DL, Mac VL+ Bougie or HA-VL
- Plan B - ReOx b/w ETI-> OPA/2-hand BVM
- Plan C - Alternative ETI approach
- Plan D - Rescue Ox-> SGA/bougie cric
(Alert: Difficult BVM/Abnormal EtCO₂)

Intubation

- Time Out - "All ready?" "Give drugs"
- Post RSI meds 45 sec count down
- Passive BVM+HFNO/vent prn
- Prob solve ETT advancement
 - ETT turn left over bougie
 - Stylet with VL ETT turn right
- Intubation attempt time goal <45 sec
- EtCO₂ (Waveform) ETT confirmation

Post-Intubation

- Continuous Waveform Capnography
- Cycle pressures q3min
- Sedation/analgesia orders
- Consider ongoing NMBA
- OG Tube Placement prn
- CXR
- Restraints Prn
- Review ventilator settings
- Debrief
 - 1) What went well? _____
_____ See Back
 - *2) What could be strengthened & how? _____
_____ See Back
- Difficulty Rating (Post Intubation) (Circle)
Low, Moderate, *High, *Very High
- For "High/Very High" Difficulty Ratings:
 - Directly communicate to CC staff
 - Document on chart
 - What made the Airway Difficult? _____
_____ See Back

MILS: Manual in-line stabilization
NRBM: Non-rebreather mask
BVM: Bag-valve mask
HA-VL: Hyperangulated video laryngoscope
NIV: Non-invasive ventilation

DL: Direct laryngoscope
NMBA: Neuromuscular blocking agent
HFNO: High flow nasal oxygen
SGA: Supraglottic airway

*Pressor support: Norepinephrine Infusion & Premix
bolus Norepinephrine 0.5-1 ml (8-16 mcg)
*RSI SBP<90/SI>1 ? Induction↓dose 50-75%
NMBA↑dose 25-50%

*Ketamine Analgesia 0.3 mg/kg Dissociate
0.75-1 mg/kg IV (slowly) or 4-5 mg/kg IM

Mac Blade

Hyperangulated Blade

