

# Intubation checklist

**Priority: Oxygenate the patient  
Assemble appropriately trained team**

Administer 100% oxygen  
Give CPAP or support ventilation as required

**Predict difficult airway and arrange expert team  
including anaesthesia and ENT if necessary**  
  
(eg: stridor, facial trauma, burns, c-spine injury, previous difficult intubation, syndromes with facial deformity)

**Role allocation:**

- Intubator
- Assistant 1: equipment and external laryngeal manipulation
- Assistant 2: drugs
- Assistant 3: c-spine manual in-line stabilisation (if required)

**Team states plan**

**Assistant 1: equipment**

- Correct-sized face mask
- Self-inflating bag / anaesthetic circuit
- Correct-sized Guedel airway and LMA
- Working suction and Yankauer
- Plug in and calibrate capnograph (ETCO<sub>2</sub>)
- Choice of working laryngoscopes
- Bougie and stylet
- Correct ETT and neighbouring sizes
- Check cuff for leak if applicable
- Stethoscope
- ETT tapes

**Intubator**

- Assess and open airway (+/- adjunct)
- Optimise head position
- Administer 100% oxygen via face mask
- Commence bag-mask ventilation if necessary
- Ensure full monitoring attached and working (ECG, SpO<sub>2</sub>, NIBP)
- Insert NGT / OGT to empty stomach and aspirate continuously (assistant 1)
- Ensure working IV access

**Assistant 2: drugs**

- Ketamine 1 or 2 mg/kg
- Rocuronium 1 mg/kg
- Adrenaline 0.1 ml/kg of 1:10000
- Dilute adrenaline 1 microgram/kg/ml (0.1 ml/kg 1:10000 diluted up to 10 ml with saline)
- Sedation, e.g morphine and midazolam infusions

**ETT size:**

Uncuffed (over 1 year): age / 4 + 4

Cuffed (>3 kg): age / 4 + 3.5  
(or look at back of packet)

Neonates under 3 kg: 2.5, 3.0 or 3.5 mm uncuffed tube