



Queensland
Government

Gold Coast Health
**ED EMERGENCY
INTUBATION CHECKLIST**

Facility: _____

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: ☐ M ☐ F ☐ I

This is a challenge-response checklist. Please tick each item as completed.

PREPARATION

ACTION

PERI-INTUBATION

ACTION

NR = Not Required

CONTACT

☐ ED Consultant aware

Notified

PPE

- ☐ Lead aprons
☐ Gown/gloves/goggles
☐ Name and role stickers

Applied
Applied
Applied

IDENTIFICATION

- ☐ Scribe / Timer
☐ Team Leader
☐ Airway Doctor
☐ Airway Nurse
☐ Drug Nurse / Doctor
☐ In-line Immobilisation
☐ Wardsman (2 if obese)

Identify / Name
Identify / Name
Identify / Name
Identify / Name
Identify / Name
Applied / NR
Identify / Name

PRE-OXYGENATION for 3 Mins

- ☐ 2 oxygen sources
☐ Nasal prongs (2L/kg up to 15 L/min)
☐ Bag-Valve-Mask + cap
☐ T-piece if child
☐ Consider BiPAP (if SpO₂ < 94%)
☐ DSI (IV ketamine 0.5mg/kg)

Checked
On + Running
Checked
Required / NR
Required / NR
Required / NR

POSITIONING

- ☐ Pillow (no injury) or towel
☐ Ramp if obese
☐ Towel under shoulders if infant
☐ Ear – sternal notch level
☐ 20° head up

Check / Trauma
Check / Trauma
Check / Trauma
Required / NR
Check

AIRWAY ASSESSMENT

☐ Difficulty anticipated

No / Call Help
(numbers below)

AIRWAY EQUIPMENT

- ☐ Suction on + under pillow
☐ OPAs + NPAs
☐ Video laryngoscope (C-MAC)
☐ LMA (appropriately sized)
☐ 2 laryngoscopes
☐ 2 ETTs (lubed)
☐ Syringe for cuff
☐ Bougie or stylet (appropriately sized)

Working
Available
On + Working
Available
Checked
Checked
Available
Available

IV ACCESS

- ☐ Free flowing IV with hand-pump set
☐ Consider fluid loading / pressors

Checked
Checked / NR

SURGICAL AIRWAY PACK

- ☐ Scalpel + Dilator + Bougie + ETT

Available

MONITORING

- ☐ ETCO₂
☐ NIBP (opposite arm to drug IV)
☐ SpO₂
☐ ECG

On + Reading
On + Reading
On + Reading
On + Reading

PREPARE THE VENTILATOR

- ☐ Settings checked

Checked

FAILED INTUBATION DRILL

- ☐ Review with Team

Reviewed

EMERGENCY DRUGS

- ☐ Available in trolley

Available

INDUCTION AGENT/S

- ☐ Fentanyl (3mcg/kg)
☐ Ketamine (Max 2mg/kg)
☐ Propofol (Max 1mg/kg)

Checked / NR
Checked / NR
Checked / NR

MUSCLE RELAXANT

- ☐ Rocuronium (1.2 mg/kg IBW) **or**
☐ Suxamethonium (1.5 mg/kg TBW)
☐ Atropine available in children
(20 mcg/kg up to 1mg)

Checked / NR
Checked / NR
Checked / NR

SEDATION / PARALYSIS

- ☐ Propofol infusion **or**
☐ Morphine + Midazolam infusion
☐ Vecuronium

Arranged / NR
Arranged / NR
Arranged / NR

INTUBATION PROCEDURE

- ☐ Team ready to proceed
☐ Start clock timer

Ready
Started

☐ **CHECKLIST COMPLETE** – ensure documented in EMR

Name (print): _____ Designation: _____

Signature: _____ Date: ____/____/____ Time: ____:____

CONTACTS: ED Consultant via Switch; Anaesthetist GCUH DECT 75602; Robina DECT 7047

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Date Reviewed – 03/2016

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ED EMERGENCY INTUBATION CHECKLIST

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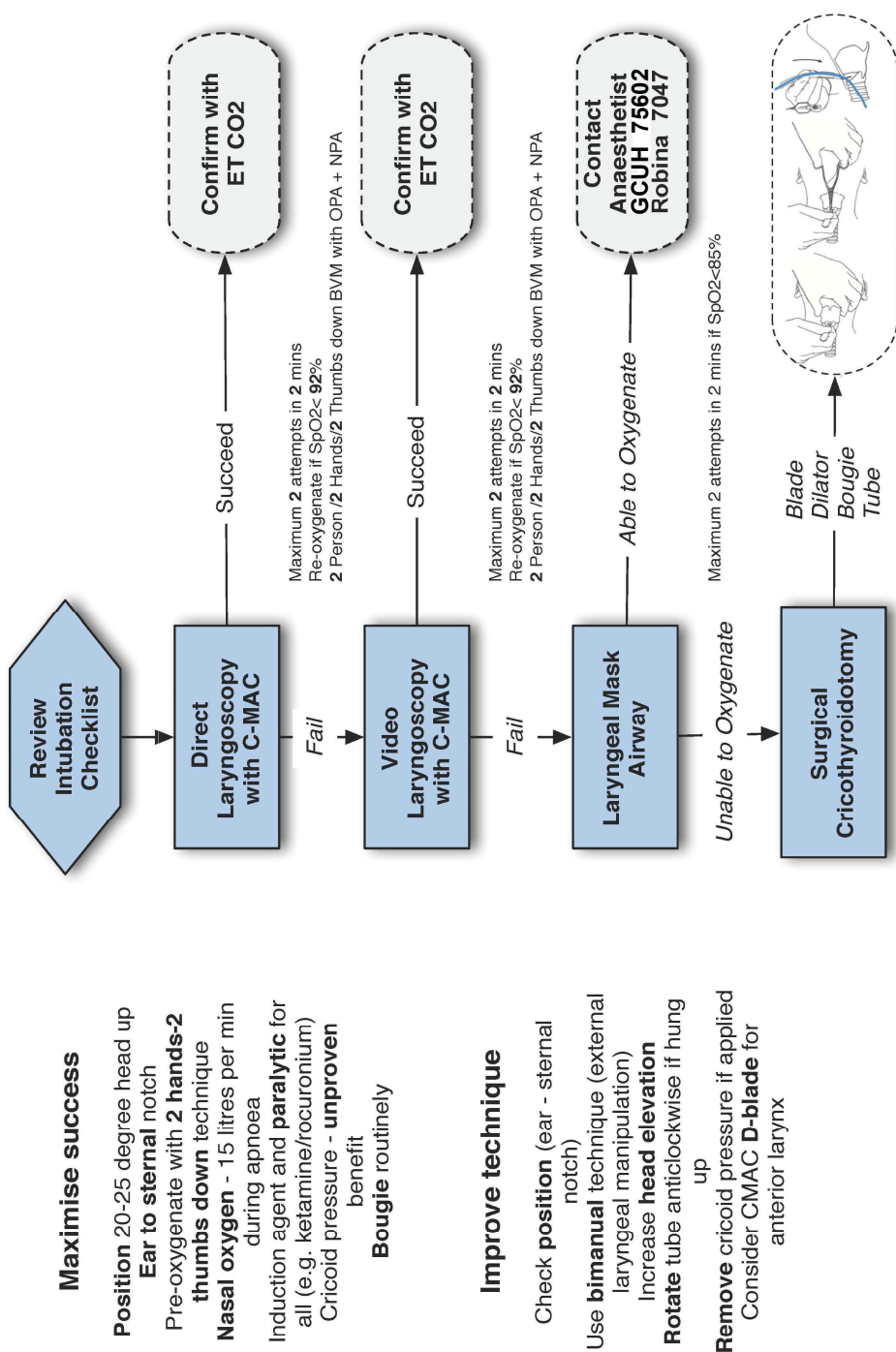
Address:

Date of birth:

Sex: ☐ M ☐ F ☐ I

Facility: _____

FAILED INTUBATION DRILL
Gold Coast University Hospital Emergency Department



Gold Coast University Hospital Emergency Department April 2013

Gold Coast University Hospital Emergency Department: **28 August 2014**

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