


EMBRACE NUMBER	2	0	2	0					PATIENT NAME	
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NHS NO.									DOB	D	D	M	M	Y	Y	Y	Y	DATE	D	D	M	M	2	0	2	0
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Embrace Intubation Checklist	Final Checks
<p>Procedure planning (adopt/discuss as appropriate)</p> <ol style="list-style-type: none"> Reason for intubation Airborne or Droplet PPE? Assign roles including runner 2 person facemask ventilation? Turn oxygen flow off before disconnection? Cuffed ETT? (Inflate cuff before first breath) Connect straight to Hamilton? Use a tube clamp? Airway plan A, B, C, D ... cricoid? MILS? (Preferably use McGrath with introducer for Plan A) <p>Overview</p> <ul style="list-style-type: none"> - Has Embrace Consultant been informed? Y <input type="checkbox"/> N <input type="checkbox"/> - Is a difficult airway anticipated? Y <input type="checkbox"/> N <input type="checkbox"/> (If so, is Anaesthetics/ENT presence needed?) Y <input type="checkbox"/> N <input type="checkbox"/> - Optimal access/positioning Y <input type="checkbox"/> - Temperature management Y <input type="checkbox"/> - IV access (at least 2) Y <input type="checkbox"/> - Is it possible to set the ventilator up beforehand? Y <input type="checkbox"/> <p>Drug preparation</p> <ul style="list-style-type: none"> - Induction: Ketamine <input type="checkbox"/> Atropine <input type="checkbox"/> Rocuronium <input type="checkbox"/> Other - Maintenance: Midazolam <input type="checkbox"/> Morphine <input type="checkbox"/> Other - Fluid boluses <input type="checkbox"/> Flushes <input type="checkbox"/> - Push-Pressor <input type="checkbox"/> Other inotrope - Resuscitation Drugs <input type="checkbox"/> <p>Equipment preparation</p> <ul style="list-style-type: none"> - Stethoscope Y <input type="checkbox"/> - Self-inflating bag-valve mask with filter Y <input type="checkbox"/> - Tom thumb Y <input type="checkbox"/> N <input type="checkbox"/> - Ayres T-piece / Waters circuit with filter Y <input type="checkbox"/> N <input type="checkbox"/> - Anaesthetic face mask Y <input type="checkbox"/> - Guedel Y <input type="checkbox"/> - LMA Y <input type="checkbox"/> NA <input type="checkbox"/> - McGrath and laryngoscope(s) bright + white + blades Y <input type="checkbox"/> - Expected tube size - Expected tube length - Check cuff with syringe Y <input type="checkbox"/> NA <input type="checkbox"/> - Introducer Y <input type="checkbox"/> NA <input type="checkbox"/> - Bougie Y <input type="checkbox"/> NA <input type="checkbox"/> - Method to secure ET tube Y <input type="checkbox"/> - End tidal CO2 line / detector Y <input type="checkbox"/> - Inline Suction Y <input type="checkbox"/> N <input type="checkbox"/> - Difficult Airway Algorithm Y <input type="checkbox"/> - Needle cricoidotomy kit Y <input type="checkbox"/> - Zip up green bag and pouches once ready Y <input type="checkbox"/> - Designate a space for contaminated equipment Y <input type="checkbox"/> 	<ul style="list-style-type: none"> - Oxygen - Suction - Drugs - Monitoring - NG tube aspirated - Confirm airway plan - Record pre-procedure observations and time <p>'Quiet please'</p> <p>Post-Intubation Documentation</p> <ul style="list-style-type: none"> - Pre-oxygenated optimally Y <input type="checkbox"/> N <input type="checkbox"/> - Suction used Y <input type="checkbox"/> N <input type="checkbox"/> - MILS employed Y <input type="checkbox"/> N <input type="checkbox"/> - Cricoid pressure employed Y <input type="checkbox"/> N <input type="checkbox"/> - Laryngoscope blade size used - Attempts* at intubation - Name of intubator..... - Grade of intubation <div style="text-align: center;">  </div> <ul style="list-style-type: none"> - ETT tube size - End-tidal CO2 detected Y <input type="checkbox"/> N <input type="checkbox"/> - Length of ETT at lips - During the 1st attempt at advanced airway placement was there: <ul style="list-style-type: none"> - Newly-falling SpO2 <90% Y <input type="checkbox"/> N <input type="checkbox"/> - Sys BP <5th cent [(2x age in year) + 65mmHg] Y <input type="checkbox"/> N <input type="checkbox"/> - Oropharyngeal airway used Y <input type="checkbox"/> N <input type="checkbox"/> - Nasopharyngeal airway used Y <input type="checkbox"/> N <input type="checkbox"/> - ETT introducer used Y <input type="checkbox"/> N <input type="checkbox"/> - Bougie used Y <input type="checkbox"/> N <input type="checkbox"/> - ETT cuff pressure <20cmH2O Y <input type="checkbox"/> N <input type="checkbox"/> - ETT adequately secured Y <input type="checkbox"/> N <input type="checkbox"/> - LMA used Y <input type="checkbox"/> N <input type="checkbox"/> - Surgical airway (needle cric. or surgical cric.) Y <input type="checkbox"/> N <input type="checkbox"/> - Post intubation observations stable Y <input type="checkbox"/> N <input type="checkbox"/> - Bilateral air entry on auscultation Y <input type="checkbox"/> N <input type="checkbox"/> - Post-placement CXR findings..... <p><small>*[An attempt is defined as the insertion of a laryngoscope or the insertion of any bougie or advanced airway device past the lips/tracheostomy inlet/touching cricothyrotomy instruments to the neck]</small></p>