

EMERGENCY DEPARTMENT INTUBATION CHECKLIST

To be completed for all intubations in the ED

Surname.....				
First name.....			Sex:	
Date of birth			Hospital No:	
D	M	Y	NHS No:	

Allergies:

Resuscitation Status:

Intubation: Date: Time:

TEAM DETAILS	
Team Leader:	Speciality/Grade:
Airway Lead:	Speciality/Grade:
Airway Assistant:	

INDICATION	
☐ Actual or threatened airway compromise	☐ Severely combative or agitated casualty
☐ Ventilatory failure	☐ To facilitate painful, life-saving procedures
☐ Altered consciousness or severe head injury	☐ Other

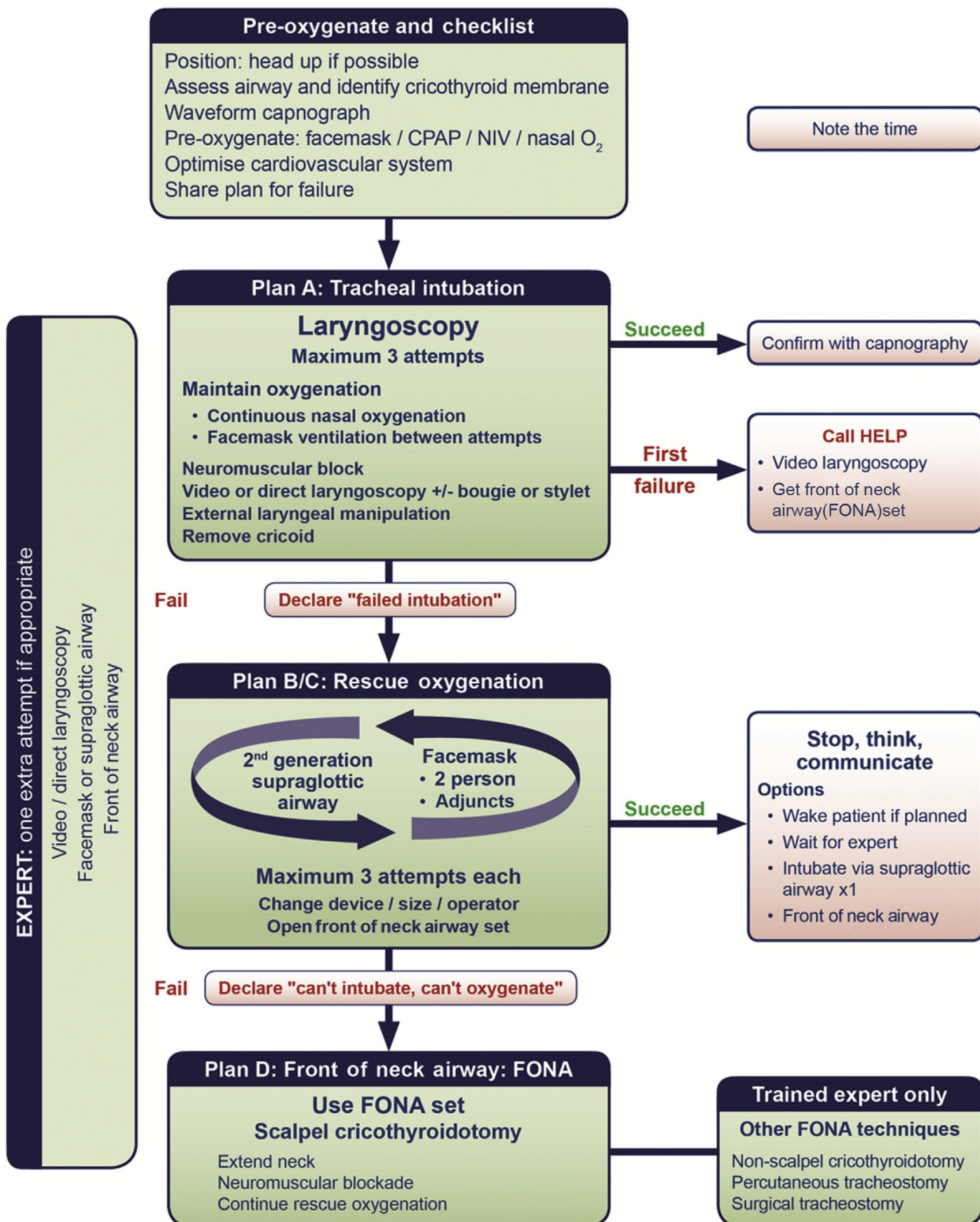


PRE-INTUBATION	INTUBATION	POST-INTUBATION
☐ Assign roles	PLAN A	☐ Confirm ETT position
☐ PPE	Direct / video laryngoscopy	☐ Secure ETT
☐ Position optimised	Max 3 attempts	☐ Attach to Oxylog
☐ AAGBI monitoring	DECLARE FAILED INTUBATION	☐ Consider in-line suction
☐ Pre-oxygenate with Waters circuit	Call expert help	☐ Sedation
☐ HEPA filter		☐ CXR
☐ Suction ready		☐ NG tube
☐ ETT with cuff checked	PLAN B / C	☐ Arterial line
☐ Glidescope	i-gel / facemask ventilation	
☐ Laryngoscope checked and ready	DECLARE CAN'T INTUBATE, CAN'T OXYGENATE	☐ Intubation procedure note on Epic
☐ Bougie		☐ Prescribe drugs
☐ i-gel		☐ Complete airway registry
☐ FONA kit available		
DRUGS	PLAN D	
☐ Ketamine mg	FONA	
☐ Fentanyl mcg		
☐ Rocuronium mg		
☐ Plasmalyte running		
☐ Metaraminol		
☐ Maintenance sedation		
☐ NIC and ED Doctor in charge aware		

Tracheal intubation of critically ill adults



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Can't Intubate, Can't Oxygenate (CICO) in critically ill adults



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CALL FOR HELP



Declare "Can't Intubate, Can't Oxygenate"

Plan D: Front Of Neck Airway: FONA

Extend neck

Ensure neuromuscular blockade

Continue rescue oxygenation

Exclude oxygen failure and blocked circuit

Scalpel cricothyroidotomy

Equipment: 1. Scalpel (wide blade e.g. number 10 or 20)
2. Bougie (≤ 14 French gauge)
3. Tube (cuffed 5.0-6.0mm ID)

Laryngeal handshake to identify cricothyroid membrane

Palpable cricothyroid membrane

Transverse stab incision through cricothyroid membrane
Turn blade through 90° (sharp edge towards the feet)
Slide Coudé tip of bougie along blade into trachea
Railroad lubricated cuffed tube into trachea
Inflate cuff, ventilate and confirm position with capnography
Secure tube

Impalpable cricothyroid membrane

Make a large midline vertical incision
Blunt dissection with fingers to separate tissues
Identify and stabilise the larynx
Proceed with technique for palpable cricothyroid membrane as above

Trained expert only

Other FONA techniques

Non-scalpel cricothyroidotomy
Percutaneous tracheostomy
Surgical tracheostomy

Post-FONA care and follow up

- Tracheal suction
- Recruitment manoeuvre (if haemodynamically stable)
- Chest X-ray
- Monitor for complications
- Surgical review of FONA site
- Agree airway plan with senior clinicians
- Document and complete airway alert