

NEONATAL PRE-INTUBATION CHECKLIST

Team	Patient	Equipment	Difficulty
☐ Consultant aware ☐ Registrar ☐ Junior doctor ☐ Nurse in charge ☐ Nurse Who is: ☐ 1 st intubator ☐ 2 nd intubator ☐ Administering drugs ☐ Assisting the intubator ☐ Suctioning ☐ Applying cricoid pressure ☐ Crash bleep holder	☐ Parents informed ☐ Optimal position ☐ Thermoregulation ☐ Gastric tube in situ and syringe attached ☐ Cannula patent ☐ Pain relief	☐ Neopuff set up ☐ Ventilator set up ☐ Appropriate facemask ☐ Stethoscope ☐ Suction and catheter ☐ Laryngoscope ☐ Introducer ☐ Fixing tape ☐ ET tubes – varying sizes ☐ Neofit ☐ CaviLion ☐ Ap Peel remover ☐ Sterile scissors ☐ CO2 detector ☐ Screens ☐ Curosurf administering set ☐ Vital signs monitoring	☐ If airway difficult, maintain oxygenation. ☐ Follow difficult airway guideline. ☐ Get difficult airway box (located in NNU blood gas room)
	For Reference ☐cm secure at lips ☐ Sizemm ET tube ☐ Curosurfmg (To reduce waste, only remove from the fridge prior to administration)		

Name:

Hospital Number:

Date:

Time:

Procedure:

LP:

UVC:

UAC:

PICC/LOGLINE:

CHEST DRAIN:

Anaesthetic:

LA

Sedation

Details:

Person carrying out procedure:

Name:

Role:

Assisted?

Role:

Supervised by:

Role:

Parent/carer present: Y/N

Details:

Procedure details:

Allergies: Y/N

Size:

Length:

Insertion point:

Attempts:

Chest drain site:

Left/Right

Site marked: Y/N

Confirmed on x-ray:

Imaging: Y/N

Reviewed: Y/N

Comments:

Safe to use: Y/N

Name:

Role:

Signature:

Date:

Time:

**Post-Procedural
Instruction:**

Daily check: Y/N

Comments:

refer to ward pack

Removal:

Date:

Time:

Reason:

Catheter complete: Y/N