

DATE: _____ TIME: _____ ROOM: _____ TEAM LEADER: _____ MEDICATIONS: _____ WATCHER: _____ BVM TEAM (2): _____ INTUBATOR: _____

Steps to Intubation – “APPROACH”

- DL-5 min **Assess** the airway, **Assign** team roles.
- DL-4 min **Preoxygenate** considering risks of aerosolization.
- DL-3 min **Prepare** patient, meds, equipment.
- DL-2 min **Review** primary, backup plans.
- DL-2 min **Oxygen cutoffs** to abort/return to ventilation.
- DL-1 min **Administer medication(s)**, only after above completed.
- DL **Confirm** placement with two indicators; CO₂.
- Post DL **Hold** ETT until secure, sedation/analgesia.

PLAN A: RSI, videolaryngoscope
Failed? Make a change for next attempt.

PLAN B: Call for additional help*
Failed? Ventilate, consider iEGA, bougie.

PLAN C: Cricothyroidotomy
Continue iEGA ventilation efforts.

* **Airway Back-up personnel phone/pager:**

Equipment	Positioning	Planning																				
<ul style="list-style-type: none"> <input type="checkbox"/> BVM with oxygen; HEPA filter <input type="checkbox"/> PEEP valve for BVM <input type="checkbox"/> Oral/nasal airways, sized <input type="checkbox"/> Free-flowing IV w/ 1L crystalloid <input type="checkbox"/> Video laryngoscope w/ blades <input type="checkbox"/> CO₂ detector (waveform, ET) <input type="checkbox"/> RIGHT SIDE, ONLY <ul style="list-style-type: none"> <input type="radio"/> ETT, stylet, syringe attached <input type="radio"/> ETT cuff check <input type="radio"/> Suction <input type="checkbox"/> Back-up equipment present <ul style="list-style-type: none"> <input type="radio"/> Intubating EGA <input type="radio"/> Bougie <input type="radio"/> Laryngoscope (backup) <input type="radio"/> Cricothyrotomy kit 	<ul style="list-style-type: none"> <input type="checkbox"/> Headboard off, consider HOB 30o <input type="checkbox"/> Ear to sternal notch – patient “sniffing” <input type="checkbox"/> Head extension <input type="checkbox"/> Height of bed to intubator’s xiphoid 	<ul style="list-style-type: none"> <input type="checkbox"/> Plan A verbalized? <input type="checkbox"/> Plan B verbalized? <input type="checkbox"/> Plan C verbalized? <input type="checkbox"/> Called for help? 																				
<h3>Medications</h3> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Induction, present for all intubations</td> <td style="text-align: right;">70 kg Dose*</td> </tr> <tr> <td> <input type="radio"/> Etomidate 0.3 mg/kg*, or</td> <td style="text-align: right;">20 mg*</td> </tr> <tr> <td> <input type="radio"/> Ketamine 1-2 mg/kg*, or</td> <td style="text-align: right;">20 mg*</td> </tr> <tr> <td> <input type="radio"/> Propofol 1.5 mg/kg*, or</td> <td style="text-align: right;">100 mg*</td> </tr> <tr> <td><input type="checkbox"/> Paralytic, present for all intubations</td> <td></td> </tr> <tr> <td> <input type="radio"/> Succinylcholine 1-1.5 mg/kg**, or</td> <td style="text-align: right;">110 mg</td> </tr> <tr> <td> <input type="radio"/> Rocuronium 0.6-1.2 mg/kg</td> <td style="text-align: right;">50 mg</td> </tr> <tr> <td><input type="checkbox"/> Pressors, present for all intubations</td> <td></td> </tr> <tr> <td> <input type="radio"/> Phenylephrine, or</td> <td style="text-align: right;">100 mcg</td> </tr> <tr> <td> <input type="radio"/> Norepinephrine</td> <td style="text-align: right;">5 mcg</td> </tr> </table>			<input type="checkbox"/> Induction , present for all intubations	70 kg Dose*	<input type="radio"/> Etomidate 0.3 mg/kg*, or	20 mg*	<input type="radio"/> Ketamine 1-2 mg/kg*, or	20 mg*	<input type="radio"/> Propofol 1.5 mg/kg*, or	100 mg*	<input type="checkbox"/> Paralytic , present for all intubations		<input type="radio"/> Succinylcholine 1-1.5 mg/kg**, or	110 mg	<input type="radio"/> Rocuronium 0.6-1.2 mg/kg	50 mg	<input type="checkbox"/> Pressors , present for all intubations		<input type="radio"/> Phenylephrine, or	100 mcg	<input type="radio"/> Norepinephrine	5 mcg
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		<p>Notes</p> <p>*For hypotension, hypovolemia, elderly consider 50-75% dose</p> <p>**Succinylcholine Contraindications: burns >24hr, active neuromuscular disease, stroke >7d-6mos, crush injury > 7d, significant hyperkalemia, history of malignant hyperthermia</p>																				