☐ Consider the indication for intubation	Is NIPPV an option? Is the patient DNI status? Has patient/family consented, if applicable?
☐ Preoxygenate with high-flow oxygen	
☐ Assess for 1. Difficult laryngoscopy 2. Difficult BVM 3. Difficult cricothyrotomy *If suspected difficult airway, use awake technique and/or call for help*	**L**ook externally, **E**valuate 3-3-2 rule, **M**allampati score, **O**bstruction, **N**eck Mobility **B**eard, **O**bese, **N**o teeth, **E**lderly, **S**leep Apnea / Snoring **S**urgery, **H**ematoma, **O**besity, **R**adiation distortion or other deformity, **T**umor
☐ Check for dentures	Dentures in for bag-valve-mask, out for laryngoscopy
☐ Position patient	Patient alignment: External auditory meatus to suprasternal notch Bed height: Patient's head to operator's lower sternum
☐ Monitoring equipment	Continuous electrocardiogram Pulse oximetry Blood pressure End-tidal capnography (continuous or colorimetric)
☐ IV access	Two lines preferable
☐ Equipment	Use **Broselow tape** for sizes in pediatrics
☐ Ambu bag connected to **oxygen**	Size: approximate nasal bridge, malar eminences, and alveolar ridge / Err on larger size
☐ Laryngoscopy handles - verify power	At least two
☐ Laryngoscopy blades - verify bulbs	Curved and straight One size larger, one size smaller
☐ Suction under patient's shoulder - verify function	If suspected soiled airway (blood, vomitus, secretions), suction under each shoulder
☐ Oral airways	Size: Angle of mouth to tragus of ear
☐ Nasal airways	Size: Tip of nose to tragus of ear
☐ Colorimetric capnometer (If continuous capnography not available)	
☐ Endotracheal tubes - verify cuffs	Variety of sizes
☐ ETT stylet	
☐ ETT securing device (tape if no device available)	
☐ Gum elastic bougie	
☐ Difficult airway equipment	Cricothyrotomy tools / LMA / Combitube / Glidescope / Fiberoptics
☐ Magill forceps if suspected foreign body	
☐ Drugs	
☐ Pretreatment agents, if applicable *Give as bolus 3 minutes prior to induction, except for fentanyl, which should be the final pretreatment agent, and should be given over 30-60 seconds.*	**Atropine** .02 mg/kg for children <10y if using Sux **Lidocaine** 1.5 mg/kg for reactive airways or increased ICP **Fentanyl** 3 mcg/kg if high BP a concern (aneurysms, dissections, tight brain, tight heart) **Roc** .06 mg/kg or **Vec** .01 mg/kg if increased ICP and using Sux
☐ Induction agent	**Etomidate** 0.3 mg/kg **Propofol** 1.5 - 3 mg/kg **Ketamine** 1-2 mg/kg **Midazolam** 0.2-0.3 mg/kg **Thiopental** 3-6 mg/kg
☐ Paralytic agent	**Succinylcholine** 2 mg/kg IV or 4 mg/kg IM Contraindications to succinylcholine: History of malignant hyperthermia Burn or crush injury > 5 days old Stroke or spinal cord injury > 5 days old Multiple sclerosis, ALS, or inherited myopathy Known hyperkalemia (absolute) / Renal failure or suspected hyperkalemia (relative) **Rocuronium** 1 mg/kg **Vecuronium** .3 mg/kg
☐ Normal saline flushes	
☐ Phenylephrine for post-intubation hypotension	100 mcg IV push
☐ Personnel	MD / RN / RT
☐ Post-intubation ventilator settings discussed	**A/C** **FiO2** 100% **RR** 18 [Asthma/COPD: 6-10] **TV** 8 mL/kg [work down to 6 mL/kg if prone to lung injury] *use ideal body weight* **I/E** 1:2 [Asthma/COPD 1:4 - 1:5] **Inspiratory Flow Rate** 60-80 L/min [Asthma/COPD 80-100 L/min] **PEEP** 5 cm H20 [CHF 6-12 > watch blood pressure] [PEEP 0 in Asthma/COPD]

☐ RSI vs. Awake Technique

☐ Verify tube placement	End-Tidal CO2 / Auscultation / Esophageal Detector Device
☐ Secure tube with appropriate device	
☐ Portable chest radiograph	
☐ Sedative and opioid drips	**Propofol** 5 mcg/kg/min **Midazolam** .025 mg/kg/hour **Fentanyl** 25 mcg/hour **Ketamine** 1 mg/kg load then 1 mg/kg/hour
☐ Head of bed to 30-45 degrees	
☐ Nasogastric or orogastric tube	
☐ Reduce cuff pressure to minimum required to abolish air leak	15-25 mm Hg by cuffolator
☐ In-line heat-moisture exchanger and in-line suction	
☐ Arterial blood gas within 30 minutes post-intubation	Adjust RR (not TV) to appropriate pH and pCO2 [keep pH ≥ 7.1 for permissive hyperCO2] Use incremental FiO2/PEEP chart for oxygenation; keep plateau pressure < 30 cm H20
☐ DVT Prophylaxis	Unfractionated **Heparin** 5000 units SQ bid **Enoxaparin** 30 mg SQ bid
☐ Arrange for patient disposition, watch for post-tube complications	ICU vs. Transfer / Tube **D**islodgement, **O**bstruction, **P**neumothorax, **E**quipment failure

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