# Emergency Care Institute – Airway Checklist

## Roles Allocated
- Team leader and Scribe
- Airway doctor (1 and 2) and nurse
- Airway assistant (ELM, MILS)
- Drug administrator

## Help Aware?
- EDSS, Anaesthetics, ICU

## Monitoring
- ECG, SpO2, NIBP q2min
- EtCO2 (in circuit, waveform seen)

## Equipment
- BVM (O2 on, bag inflating)
- PEEP valve
- Nasal prongs
- Suction (under pillow)
- Adjuncts (OPA + 2x NPAs)
- Laryngoscope (direct vs video)
  *Blade type checked, light on.*
- ETT (size selected, cuff tested)
  *Alternate size available.*
- 10mL syringe & tube tie
- Ventilator checked

## Position Optimised
- **Ear to Sternal Notch**
- **Face plane parallel to ceiling**

### Special groups:
- Trauma: Occipital pad + MILS
- Infant: Shoulder roll
- Obesity: Ramped
- Pregnancy: Wedge under right hip

## Preoxygenation Optimised
- BVM+PEEP vs NRBM
- Consider NIV/CPAP/BiPAP

## Apnoeic Oxygenation
- Nasal prongs applied at 15L/min

## Haemodynamics Optimised
- IV access x2
- Fluid on pump set (runs easily)

### Shocked or unstable?
- Yes/No?

## Airway Assessment Performed
- Yes/No?

## Predicted Difficulty?
- Yes/No?

### If YES consider:
- Hyperangulated blade with premoulded bougie/stylette
- “Double setup”
- Needle cric < 8 years
- Contacting Anaesthetics

## Airway Plan Verbalised
- Refer to back of checklist

## Premedication Indicated
- Yes/No?

## Induction Drugs Chosen + Doses Verbalised
- Relaxant dosing:
  - Rocuronium 1.5mg/kg
  - Suxamethonium 1.5mg/kg

### Shocked patient?
- Reduce sedative dose!
- Increase paralytic dose
- Preload optimised?
- Pressors prepared/running?

## Rescue Airway Devices
- LMA (size chosen)
- Difficult airway trolley available
- Surgical airway kit located

## Preparation

## Patient

## Planning

## Drugs + Induction

**Proceed with Induction**
DIFFICULT AIRWAY & ‘Can’t Intubate, Can’t Oxygenate’ (CICO) PLANS

Please consider this a STARTING POINT only. Modify this sequence for the PATIENT IN FRONT OF YOU.

**PLAN A**

- **CMAC or DIRECT LARYNGOSCOPY**
  - Use BOUGIE for all intubations
- **30 SECOND DRILLS**
  - External Laryngeal Manipulation (ELM)
  - Re-attempt laryngoscopy
  - Deeply insert laryngoscope (Lifting epiglottis)
  - Lift head
- **ABANDON PLAN** if SpO2 <93% + FOCUS on OXYGENATION

**PLAN B**

- **RE-OXYGENATE**
  - 2-3min before next attempt
- **CMAC**
  - If not used in Plan A
- **D-BLADE + PRE-FORMED BOUGIE**
  - If CMAC used in Plan A
- **ABANDON INTUBATION**
  - If >2 attempts + SpO2 <93%
- **FOCUS ON OXYGENATION**
  - BVM + 2xNPA + OPA + 2x person technique

**PLAN C**

- **LMA insertion**
  - 2nd generation device
  - Size 4/5 in adults
  - Attempt oxygenation
  - If unable to intubate or oxygenate
  - DECLARE “CICO” TO TEAM
  - CALL FOR HELP
  - PROCEED TO PLAN D

**PLAN D**

- **ANTERIOR NECK APPROACH**
  - Cricothyroid Membrane (CTM) identified with non-dominant hand
  - SCALPEL
  - FINGER
  - BOUGIE
  - SIZE 6.0 ETT
  - If child <8 years: NEEDLE CRIC