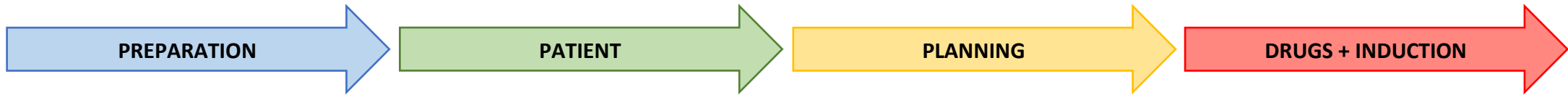


# EMERGENCY CARE INSTITUTE – AIRWAY CHECKLIST



**PREPARATION**

**ROLES ALLOCATED**

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

**CHECK**

**HELP AWARE?**

- EDSS, Anaesthetics, ICU

**CHECK**

**MONITORING**

- ECG, SpO<sub>2</sub>, NIBP q2min
- EtCO<sub>2</sub> (in circuit, waveform seen)

**CHECK**

**EQUIPMENT**

- BVM (O<sub>2</sub> on, bag inflating)
- PEEP valve
- Nasal prongs
- Suction (under pillow)
- Adjuncts (OPA + 2x NPAs)
- Laryngoscope (*direct vs video*)  
\*Blade type checked, light on.
- Bougie (colour chosen)
- ETT (size selected, cuff tested)  
\*Alternate size available.
- 10mL syringe & tube tie
- Ventilator checked

**CHECK**

**PATIENT**

**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

**CHECK**

**PREOXYGENATION OPTIMISED**

- BVM+PEEP vs NRBM
- Consider NIV/CPAP/BiPAP

**CHECK**

**APNOEIC OXYGENATION**

- Nasal prongs applied at 15L/min

**CHECK**

**HAEMODYNAMICS OPTIMISED**

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

**CHECK**

**Shocked or unstable?**

**YES/NO?**

*If YES consider:*

- Adequate fluid loading?
- Push-dose 'pressors or infusion?
- Consider arterial line pre-RSI.

**CHECK**

**PLANNING**

**AIRWAY ASSESSMENT PERFORMED**

**YES/NO?**

**PREDICTED DIFFICULTY?**

**YES/NO?**

*If YES consider:*

- Hyperangulated blade with premoulded bougie/stylette
- "Double setup"  
Locate & mark cricothyroid
- Needle cric < 8 years
- Contacting Anaesthetics

**CHECK**

**AIRWAY PLAN VERBALISED**

*Refer to back of checklist*

- Plan A incl. 30sec drills
- Plan B
- Plan C + failed airway plan
- Plan D + CICO plan

**CHECK**

**RESCUE AIRWAY DEVICES**

- LMA (size chosen)
- Difficult airway trolley available
- Surgical airway kit located

**CHECK**

**DRUGS + INDUCTION**

**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?

**CHECK**

**ONGOING SEDATION CHOSEN + AVAILABLE?**

**CHECK**

**ANY FINAL QUESTIONS OR CONCERNS?**

**YES/NO?**

**\*\* 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 SpO<sub>2</sub> <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 + SpO<sub>2</sub> <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**