## Nottingham University Hospitals



### **Pre Intubation Checklist CoMET Guideline**

This guideline is for use by healthcare staff, at CoMET undertaking critical care retrieval, transport and stabilization of children, and young adults.

CoMET is a Paediatric Critical Care Transport service and is hosted by the University Hospitals of Leicester NHS trust working in partnership with the Nottingham University Hospitals NHS Trust.

The guidance supports decision making by individual healthcare professionals and to make decisions in the best interest of the individual patient.

This guideline represents the view of CoMET, and is produced to be used mainly by healthcare staff working for CoMET, although, professionals, working in similar field will find it useful for easy reference at the bedside.

We are grateful to the many existing paediatric critical care transport services, whose advice and current guidelines have been referred to for preparing this document. Thank You.

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|---|--|--|
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| Approved By:  | UHL Policy and Guideline Committee – UHL Trust ref: B17/2018     |  |
| Date of Latest Approval:                              | 15 March 2024  |  |
| Version:  | (3)  |  |
| Next Review Date:                                     | April 2027   |  |

#### **Education and Training**

- **1.** Annual Transport team update training days
- 2. Workshops delivered in Regional Transport Study days/ Outreach

#### **Monitoring Compliance**

| What will be measured to monitor compliance | How will compliance be monitored | Monitoring Lead   | Frequency | Reporting arrangements              |
|---|----------------------------------|---|-----------|-------------------------------------|
| Incident reporting                          | Review related Datix             | Abi Hill – Lead Transport<br>Nurse<br><u>abi.hill@uhl-tr.nhs.uk</u> | Monthly   | CoMET Lead<br>Governance<br>Meeting |
| Documentation Compliance                    | Documentation Audit              | Abi Hill – Lead Transport<br>Nurse<br>abi.hill@uhl-tr.nhs.uk        | 3 Monthly | CoMET Lead<br>Governance<br>Meeting |

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#### Name Date of Birth: NHS Number:

# <u>Pre-Intubation Checklist</u> To be used for all endotracheal Intubations

2. Prepare for difficult airway

Insert O/NGT & aspirate stomach content

Apply mandatory monitoring:

ECG, SpO2 & NIBP cycling to1min
(preferably should not be on the same side as SpO2) / invasive BP where possible

| 1. Prepare Equipment & Drugs  | Υ | N |
|---|---|---|
| Check Equipment:  |   |   |
| Face mask sized   |   |   |
| Oropharyngeal airway sized  |   |   |
| Anaesthetic T-piece / AMBU Bag [reservoir]                          |   |   |
| Manometer (if available)  |   |   |
| 2 working laryngoscopes (bulbs checked) /                           |   |   |
| blades ± video laryngoscope   |   |   |
| 2 ETT (1 smaller size) – cuff checked                               |   |   |
| Calculate ETT length  |   |   |
| Do you need - LMA, Stylet, Bougie, Magill                           |   |   |
| forceps?  |   |   |
| Working oxygen – Enough?  |   |   |
| Working suction [Yankauer/ Catheters]                               |   |   |
| Stethoscope   |   |   |
| Tapes cut – modified Melbourne strapping (see CoMET Guideline)      |   |   |
| Lubricant / Jelly   |   |   |
| ETCO2 monitor / Colorimeter   |   |   |
| Prepare drugs:  |   |   |
| Induction agent /sedation / muscle relaxants-<br>confirm drug doses |   |   |
| Fluid bolus   |   |   |
| Inotropes, if needed peripheral adrenaline                          |   |   |
| Resuscitation drugs   |   |   |
| Drugs for maintenance of sedation ± paralysis                       |   |   |

| Checked by:  |  |  |
|--------------|--|--|
| Signature:   |  |  |
| Print:       |  |  |
| Designation: |  |  |

| Previous Airway Grade?  |   |   |
|---|---|---|
| Is difficult airway anticipated or other complications anticipated? |   |   |
| If yes, discuss strategy and inform ENT /                           |   |   |
| Anaesthetics / Consultant.  |   |   |
|   |   |   |
|   |   |   |
| 3. Prepare Patient  | Y | N |
| 3. Prepare Patient  Confirm IV access – Secure & Patent             | Y | N |
|   | Y | N |

| If possibility of COVID/ or droplet/ airborne infectious disease:  | Y | N |
|--|---|---|
| Local COVID intubation guidelines to be followed if available; Otherwise CoMET PPE guidance to be followed |   |   |

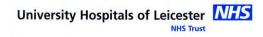
| Date: |  |  |
|-------|--|--|
| Time: |  |  |

| 4. Prepare Team                                   | V | N  |
|---|---|----|
| 4. Frepare Team                                   | - | IN |
| Are two appropriately experienced people present? |   |    |
| Consultant aware/ Nurse in charge informed?       |   |    |
| Does the on call anaesthetist need to be alerted? |   |    |
| Allocate roles:                                   |   |    |
| Intubator:  |   |    |
|   |   |    |
| Intubator's assistant:                            |   |    |
|   |   |    |
| Monitoring:                                       |   |    |
|   |   |    |
| Drug administrator:                               |   |    |
|   |   |    |
| If high risk of decompensation, allocate          |   |    |
| person to perform chest compressions              |   |    |

Parents informed?

Ready to proceed?

Related policy / cross reference: UHL LocSSIP for PICU







#### **Document Amendment Record**

| Version | Issue Date     | Author(s)        | Description   |
|---------|----------------|------------------|---|
| 1       | September 2023 | Bedangshu Saikia | Original document   |
| 2       | January 2024   | Modther Sayed    | + or droplet/ airborne infectious disease                                       |
|         |                |                  | + bulbs checked   |
|         |                |                  | + confirm drug doses  |
|         |                |                  | + Drugs for maintenance of sedation ± paralysis                                 |
|         |                |                  | + Nurse in charge informed  |
|         |                |                  | + Drug administrator  |
|         |                |                  | + If high risk of decompensation, allocate person to perform chest compressions |
|         |                |                  | + Formatting changes  |