**CMC Airway Checklist**

*“Every Intubation, Every Time”* Pt Sticker

Mollo/Pearson/von Marschall

**Equipment** – “Two Hops”

* Two sources of **O2**: NC @ 15 L/min, NRB @ flood (BVM if apneic)
* Two wall **suction** (Yankauers at *max suction*)
* Two **airway adjuncts** (NPA, OPA)
* Two **blades**: Storz + DL blade +/- Glidescope (if suspected SCI)
* Two **stylettes** (lubricated): 1 flexible, 1 rigid
* Two **ET tubes**: 8.0 & 7.5 (♂), 7.5 & 7.0 (♀), Broselow for Peds
* Two **backup** plans: Bougie, iGel LMA, Cric kit
* Two **drugs**: RN to pull and have available *early* (appropriate wt-based dose!)
* **HOp** evaluation: hemodynamics, oxygenation, pH

-Consider IVF bolus +/- Norepi 7 mcg/min for SBP < 100 or SI > 1

**Patient**

* Elevate **Head of Bed to 30 degrees** (reverse Trendelenburg if suspected SCI)
* **Sniffing position** – Pt’s ear aligned with sternal notch with face parallel to ceiling

**Post-Intubation**

* Waveform **CO2 capnography**
* **Sedation**: Propofol (5 µg/kg/min) *AND* Fentanyl (50 µg/hr)

|  |  |  |
| --- | --- | --- |
| **Intubation Meds** | | |
| *Drug* | *Dose* | *Onset (duration)* |
| Ketamine | 2 mg/kg | 60s (20m) |
| Etomidate | 0.3 mg/kg\* | 15s (10m) |
| Succinylcholine | 1.5 mg/kg | 45s (10m) |
| Rocuronium | 1 mg/kg | 60s (60m) |

* Decompress with **OGT**
* Call for **portable CXR**

\*if hypotensive, use 0.15 mg/kg

Activate “Code Airway” if failed airway

Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_