RHC PICU INTUBATION CHECKLIST

Paediatric Intensive Care Glasgow

Child

Previous grade of intubation

Patient fasted?

Pass NG & aspirate

Pre-oxygenate

Patient's condition optimised?

s**P**ine stable?

Positioning
(?neck roll/pillow)

Equipment & Monitoring

Continuous monitoring

- Tone on
- SaO_2
- End tidal CO_2
- ECG
- BP (1 min)
  - Different limb to SaO2

Equipment

- T piece & mask
- Guedel/NPA/LMA
- 2 working Laryngoscopes
- ET tubes - size +/- 0.5
- Magill's forceps
- Introducer or bougie
- Suction & Yankauer
- NG tube & aspirated
- Syringe for cuff
- Tinc Benz & Tapes
- Stethoscope

Access & Drugs

Working IV Access?

- Ensure no blockage to flow (eg BP cuff on different limb)
- If no IV access
  - ? IO
  - ? 'Gas down'

Drugs (See over for doses)

- Sedation
- Paralysis
- Resuscitation
- Infusions

Volume

- NaCl 0.9% 10-20ml/kg
- PPS 10-20 ml/kg

Team

Who is . . .?

- Team Leader
- 1st Intubator
- 2nd Intubator
- Cricoid Pressure
- Intubator's Assistant
- Drugs
- NG Aspirator
- CPR (if required)
- Nurse in Charge aware

Team Leader to vocalise plan

Safety Netting

- Apnoiec oxygenation? (nasal cannula oxygen @ 2L/kg/min)
- Is there a known difficult airway?
- Do you need to consider:
  - 'Gassing down'
  - Do ENT/anesthetics need to be present or nearby
- If unanticipated difficult airway, how will you maintain oxygenation (plus A,B,C,D)?
- Back up team:
  - Anesthetics on call
- Any other anticipated problems?

Team Leader & Primary Nurse are responsible for ensuring checklist complete prior to carrying out intubation

Used intubation equipment should not be placed back on intubation trolley

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Paediatric Intensive Care Glasgow

NB. Enter a weight on CIS & it will calculate resuscitation drug doses

INTUBATION DRUGS	DOSE (IV) (All can also be given IO)	Onset of Action (Mins)	Duration of Action (Mins)	COMMENTS
Anesthetic Drugs				
Ketamine	2mg/kg/dose	<1	10-15	• Good for patients in septic shock (⇧ BP) • Increases secretions
Fentanyl	2-10 mcg/kg/dose	1-3	20-60	
Neuromuscular Blockers				
Vecuronium	0.1 - 0.2mg/kg	1-3	20-40	• Caution in severe hepatic and renal failure
Rocuronium	0.6 – 1mg /kg	1	20-40	• Caution in severe hepatic and renal failure
Suxamethonium	1 – 2mg/kg	0.5-1	3-5	• Can cause bradycardia • Can cause⇧ K+(avoid in burns patients, renal failure)
Sedative Drugs				
Midazolam	50-100 mcg/kg/dose	2-5	30-120	• Hypotension if administered quickly
Morphine	50-100 mcg/kg/dose	2-5	60-240	• Hypotension if administered quickly

Resuscitation Drugs	DOSE
Adrenaline	0.1ml/kg of 1:10,000
Atropine	0.02mg/kg (min dose 0.1mg)
Calcium Chloride 10%	0.2 mmol/kg
Sodium Bicarbonate 8.4%	1-2 mmol/kg * Through separate line
Adenosine	150 – 500mcg/kg/dose *Quick flush afterwards
Amiodarone (VF/pulseless VT dose only)	5mg/kg over 3 mins (max 300mg)
Joules	4J/kg (external pads) 0.5J/kg (internal paddles)
Volume	10 – 20 ml/kg NaCl 0.9% or Albumin 5% or O –ve blood (in theatre fridges)
Sugammadex (Rocuronium reversal)	16mg/kg

Calculations

ET Size: [Age (yrs)/4] +4

ET Length:

Oral – Age/2 +12

Nasal – Age/2 +15

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