

DCCM INTUBATION CHECKLIST

Check TEAM

PPE / face shield check

Team Leader

1st Airway Operator

Backup Airway Operator

Airway Assistant

External Laryngeal Manipulation

C-spine Immobilisation?

Drug Provider

Questions/suggestions

Ensure non-essential staff exit

Check EQUIPMENT

*Ventilator

Monitoring (SpO₂/BP/ECG/ET CO₂)

Bag-valve mask (O₂ & PEEP)

Oxygen (Including nasal prongs)

Suction (connected & under pillow)

Laryngoscope/C-MAC/Blades/*Glidescope*

ETT (syringe & cuff check)

Bougie (*Clinell wipe for removal*)

IGel LMA

Scalpel / 6 ETT

Clamp for ETT

Check PATIENT

Airway assessment

Pre-oxygenation

Position optimised

Vascular access (*and running fluids*)

Check DRUGS

Induction Agent

Neuromuscular blocker

Vasopressor

Post intubation medications

Check PLAN

Backup plans (A, B, C, D)

Briefing

Help needed?

Aerosol precaution considerations

Difficulty?

Prepare for FAILURE!

- Check 'Difficult Airway Algorithm'

Specific Backup Plans...

- A, B, C, D...

Help?

URGENT HELP: 777 & STATE:

"ADULT AIRWAY EMERGENCY, DCCM"

(to summon the difficult airway team)

ANAES Co-Ord L4 - 021 938 053

ANAES Co-Ord L8 - 021 496 374

ANAES Tech L8 - 021 403 958

ORL Reg on call - 021 242 7571

RSI Drugs: Consider Contraindications!

Induction	Dose	"typical" dose for 70kg
Propofol*	0.5-2mg/kg	50-200mg
Ketamine	1-2mg/kg	100-200mg
Thiopentone*	0-2.5mg/kg	50-200mg

*May need lower doses in shocked pts

Neuromuscular Blocker	Dose	"typical" dose for 70kg
Rocuronium	1-2mg/kg	100mg
Suxamethonium	1mg/kg	100mg

Post Intubation Care

- Confirm Tube Placement (ET CO₂)
- Check ETT cuff pressure
- Secure ETT
- Analgesia
- Sedation
- Paralysis (after analgesia/sedation give roc/atrac 50mg)
- Connect to ventilator
- NB! Only start ventilation once cuff is up and circuit closed. Prior to any disconnection clamp ETT.*
- NG /OG Tube (?Bullring)
- CXR
- Document

Debrief

- Suggestions/Improvements