

Pre-Intubation Checklist

1. Patient Optimization

Resuscitation Before Intubation

- ☐ **Hemodynamics:** Patient-specific BP goal confirmed (generally aim SBP >100 mmHg where appropriate). Vasopressors ready/running as indicated.
- ☐ **Positioning:** Head of bed elevated (ear-to-sternal notch) if not contraindicated.
- ☐ **Pre-Oxygenation:** Effective mask seal and patient-appropriate method confirmed. Flush-rate oxygen where appropriate; consider HFNC or BiPAP/NIV.

2. Equipment Preparation

SOAP-ME

- ☐ **Suction:** Turned ON, placed under the right side of the mattress.
- ☐ **Oxygen:** BVM connected to oxygen source.
- ☐ **Airway (Tubes):** Primary tube selected. Sizes above and below available. Syringe attached to test/inflate cuff.
- ☐ **Airway (Device):** Video Laryngoscope ON, appropriate blade attached, light working.
- ☐ **Airway (Stylet/Bougie):**
Hyperangulated Blade: Use a device-compatible rigid stylet shaped to the blade. Avoid a flexible stylet or standard bougie unless supported by device-specific guidance.
Standard Geometry Blade: Flexible stylet or bougie is appropriate.
- ☐ **Monitors:** Cardiac monitor, SpO2, and NIBP cycling.
- ☐ **End-Tidal CO2:** Waveform capnography preferred; colorimetric CO2 is an alternative. Connected to the BVM/circuit and ready for immediate use.

3. Team and Plan

- ☐ **Medications:** Drawn up, labeled, and ready. One designated person assigned to push. If shock index (HR/SBP) >1, consider reduced-dose ketamine (e.g., 0.5 mg/kg IV in profound shock); individualize to ensure adequate induction.
- ☐ **Post-Intubation:** Sedation and analgesia plan confirmed and medications ready.
- ☐ **Airway Plan Confirmed:** Plan A (Primary), Plan B (Backup), Plan C (LMA/Rescue).

THE CRITICAL PAUSE

STOP before pushing medications. Confirm: "Is the patient optimized? Is the equipment ready? Does everyone know the airway plan?"

Please note: This checklist is provided as a guide and suggestion to support clinical practice. It is not a prescriptive directive and should be adapted to align with local resources, patient population, and clinical judgment.

From Dynamic Simulation's Critical Ventilation: On Demand course

dynamicsimulation.ca/criticalventilationondemand

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