Emergency Intubation in PICU/CED

1) Immediately call for help and resuscitation trolley/airway trolley.
2) Ensure senior support notified
   a. In PICU - contact PICU Consultant/Fellow
   b. In ED - contact on call CED Consultant/Fellow and notify PICU.
3) Give 100% oxygen and assist ventilation with bag and mask if necessary.

HIGH RISK PATIENTS

ASSESSMENT: if ANY of the following present delay intubation, if possible, until senior help is present

1) Airway
   a. History of known difficult airway
   b. Any of the following: small mouth, small jaw, large tongue, short neck, signs of airway obstruction, or trauma or swelling to the face or neck
2) Clinical Status
   a. Unstable haemodynamics
   b. < 1 yr
   c. Failed non-invasive ventilation
   d. Morbidly obese
   e. C-spine collar

Airway – Intubator and/or Airway Assistant
1) Optimise patient position (ear-ternal notch alignment)
2) Working suction / Yankauer sucker
3) Face mask and Guedal airway of correct size, and bagging system
4) Three endotracheal tubes (age appropriate + ½ size and syringe for cuff
   a. Uncuffed = Age/4 +4, Cuffed (balloon checked and deflated) = Age/4 +3.5
   b. 3.5 for term neonates
5) Two working laryngoscopes ± video laryngoscope
6) Bougie – age appropriate
7) Laryngeal mask of correct size

Bedside/Circulation Nurse
1) Monitoring attached
   a. ECG
   b. NIBP (cycling q 2min) or arterial line
   c. SpO2 (not on same limb as BP cuff)
   d. ETCO2 – calibrated or ETCO2 colour change detector
2) Functioning vascular access - flushed

Medication Nurse (discuss required medications with event manager)
1) Emergency medication sheet printed
2) IV fluid for volume expansion
3) Intubation medications
4) Adrenaline (drawn up if high risk patient) ± other resuscitation medications

Event Manager to announce and confirm the plan with the team
1. Personnel: Intubator, assistant, medication giver, timer and documentation
2. Plan A, Plan B
3. “Does anyone have any concerns?”

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