### CATS EMERGENCY INTUBATION CHECKLIST

# Prepare for difficulty

### Is a difficult airway anticipated?

- History of previous difficult intubation
- Stridor
- Large tongue/ tonsils/tumour
- Restricted jaw/neck movement
- Prominent upper teeth
- Small receding jaw
- Syndrome/Diagnosis associated with airway difficulty
   Rebin Hurler's
- eg. Pierre-Robin, Hurler's

☐ **Yes**: call consultant

Discuss strategies for dealing with difficult intubation or mask ventilation (see DAS guidelines)

### Are complications anticipated? ☐ No

☐ **Yes**: discuss management strategy

Identify who to contact in an emergency. Do they need to be pre-warned?

□No

☐Yes

## Prepare Equipment

#### **Apply monitoring**

- ☐ ECG
- ☐ Blood pressure (1 min auto)
- ☐ SpO₂ probe (audio)
- ☐ Capnography

#### Check Equipment (BOXA+B)

- □Mask
- ☐ Guedel airway(s)
- T-piece & oxygen supply
- Suction
- ☐ ET tubes (+/- sizes)
- Laryngoscope x2
- ☐ Equipment for alternative plans bougie, LMA, alt. blade
- □Tapes
- ☐ Bag Valve Mask

#### Prepare Drugs (CHART )

- ☐ Induction agent/analgesic
- ☐ Muscle relaxant
- ☐ Drugsforcirculatory support (fluid bolus, vasoactive
- drugs, atropine)
- ☐ Maintenance sedation

## Prepare Patient

- ☐ Confirm IV access is patent
- ☐ Is pre-oxygenation optimal?
- ☐ Optimise patient's position (consider pillow)
- ☐ Does an NG tube need to be inserted or aspirated?

☐ Could the patient's condition be optimised further before intubation?

## Prepare Team

Intubation should be a twodoctor/ ANP task. Are two appropriately experienced people present?

- □ **No**, find a second intubator
  □ **Yes**
- Are any additional staff required?

#### **Allocate Roles**

- □Intubator
- ☐ Intubator's Assistant
- ☐ Monitoring/Drugs
- ☐ Ready to proceed?

**Disclaimer** - The information provided on this checklist is intended as guidance only and is not intended to be a comprehensive guide to preparation for intubation. Conduct in individual cases should be determined by the facts pertaining to that case and should be confirmed by a specific risk assessment in each situation.





#### **BOX A CHART C ETT** size and length formulas Age/4 + 4Uncuffed ETT size Age/4 + 3.5Cuffed ETT size **Complete CATS Emergency Assessment** - use no smaller than 3.0 cuffed ETT **Intubation Checklist** Oral Length (cm) Age/2 + 12Nasal Length (cm) Age/2 + 15**BOX B UETT** CETT **Oral Length** Difficult airway: refer to Cardiovascular instability: LMA size Age size size (cm) algorithm and involve ENT appropriate induction agent and 0-3 prepare inotrope(s) + fluid bolus 3.5 3.0 9.0-10.0 1.0 months 3-6 1.0-1.5 3.5 10.0-11.0 4.0 months 6-12 3.5 - 4.012.0 1.5 4.0-4.5 Ketamine 1-2mg/kg or months **Induction agent** Fentanyl 2-5mcg/kg 3.5 - 4.01 year 4.0-4.5 12.5 2.0 4.0 - 4.52 years 4.5-5.0 13.0 2.0 4.0 - 4.52.0 13.5 3 years 4.5-5.0 4.5 - 5.014.0 4 years 5.0-5.5 2.0-2.5 4.5 - 5.05 years 5.0-5.5 14.5 2.5 5.0 - 5.56 years 6.0 15.0 2.5 5.0 - 5.57 years 6.0 15.5 2.5-3.0 Rocuronium 1mg/kg or 8 years 6.5 6.0 16.0 3.0 Neuromuscular blockade Suxamethonium 1-2mg/kg 6.5 6.0 3.0 9 years 16.5 10 years 7.0 6.5 17.0 3.0-4.0 12 years 7.0 4.0 7.5 18.0