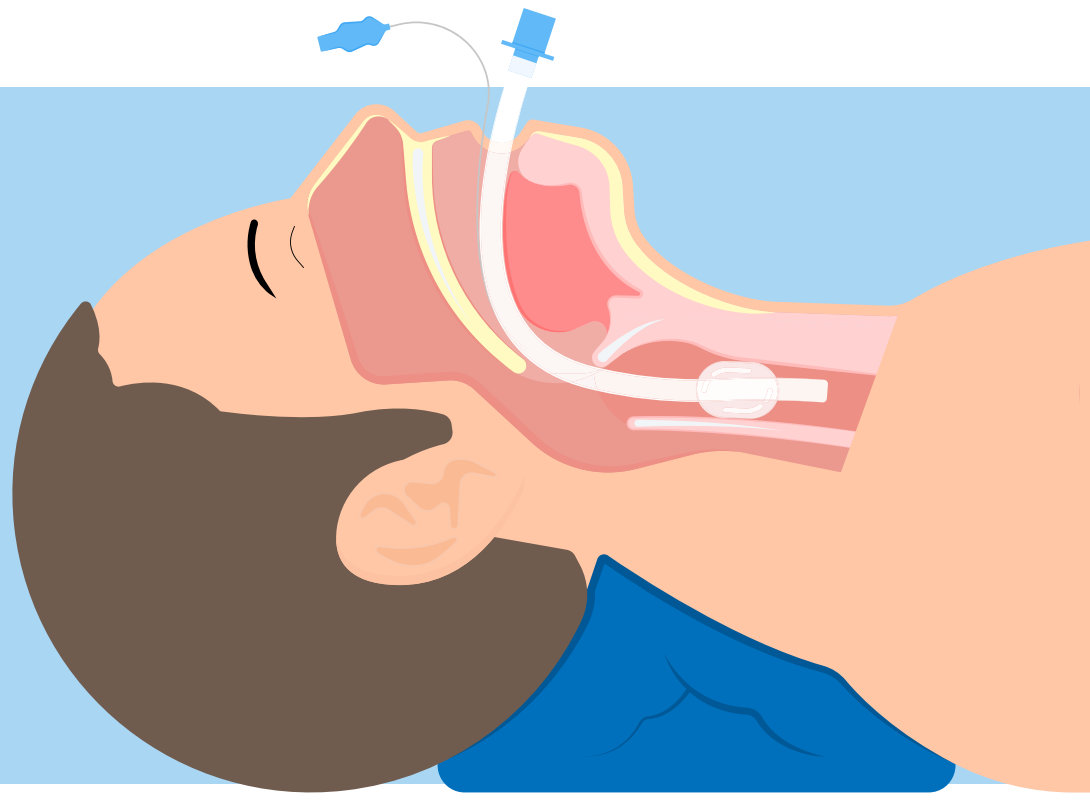
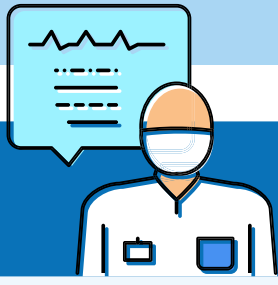


Appendix 2

Tracheal Intubation checklist



Planning and preparation



- Identification of difficult airway predictors (below).
- Initial plan and assignment of team roles.
- Alternatives to the initial plan.
- Multi-parameter monitoring.
- Localization and palpation of the cricothyroid membrane.
- Preparation and checking of material.
- Venous/intraosseous access.
- Ideal weight according to patient height.

Difficult airway predictors identified

Plan A:

- Medication
- Direct laryngoscopy / video laryngoscopy
- Bougie / Frova®

Plan B

- Bag/PEEP valve mask ventilation
- Supraglottic device

Plan C (no puedo oxigenar, no puedo ventilar)

- FONA (front of neck access)
- Bougie - endotracheal tube - scalpel

Difficult airway predictors (HEAVEN)^{1,2}

- Hypoxemia
- Size
- Anatomical obstruction or difficulty
- Vomiting / blood/ fluids
- Exsanguination
- Neurological injury/Neck mobilization (Neck)

Pre-oxygenation

Saturation target $n > 95\%$

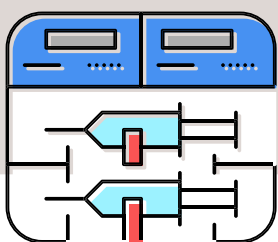


- Non-rebreather mask
- PEEP valve mask-bag (2-operator technique)
- Supraglottic device
- Non-invasive ventilation / CPAP
- Delayed sequence intubation

Pre-medication

Adjust dose in case of hypotension or intracranial hypertension

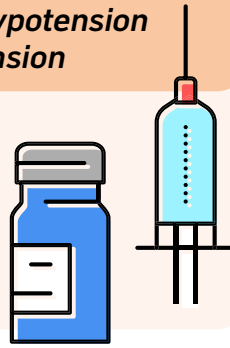
- Fentanyl
- Atropine
- Vasopressors
- Fluids
- Other:



Induction

Adjust dose in case of hypotension or intracranial hypertension

- Etomidate
- Midazolam
- Ketamine
- Propofol



Relaxation

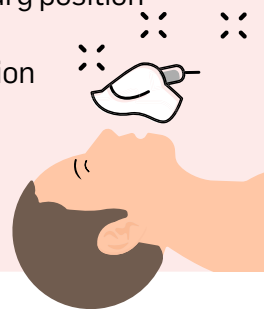
Adjust dose in case of hypotension or intracranial hypertension

- Succinylcholine
- Rocuronium



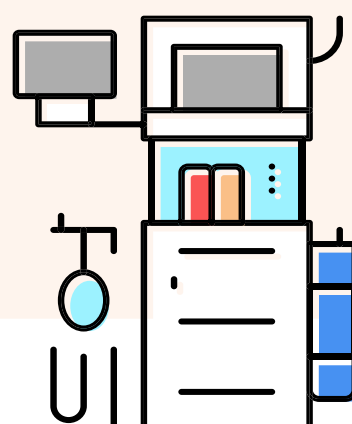
Intubation in optimal position and airway protection

- Head and neck placement
- Reverse Trendelenburg position (if necessary)
- Cervical immobilization
- BURP manoeuvre
- Apneic oxygenation



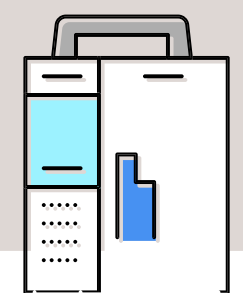
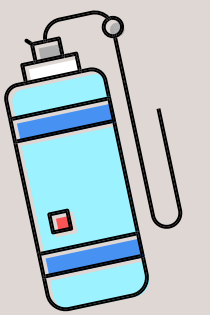
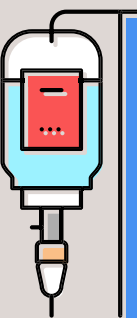
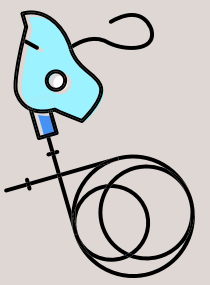
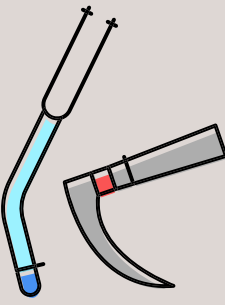
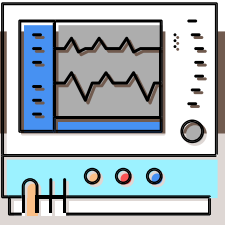
Post-intubation care

- Check: direct view, auscultation, pulse oximetry, EtCO₂, etc.
- Capnography
- Fasten the tube
- Mechanical ventilation (transport/standard)
- Monitor and repeat primary evaluation
- Analgesia, sedation and relaxation, humidification
- Nasogastric catheterization
- Gasometry if available
- Ventilation adjustments
 - FiO₂:
 - Tidal volume (6-8 ml/kg) (Ideal weight according to height)
 - Respiratory rate
 - PEEP



Material

- Oxygen
- Nasal cannula
- Non-rebreather mask
- Face mask
- PEEP Valve
- Viral Filter
- Oropharyngeal cannula
- Nasopharyngeal cannula
- Suction working
- Yankauer catheter
- Flexible catheter
- Magill forceps
- Laryngoscope
- Curved blade
- Straight blade
- Endotracheal tube
- Video laryngoscope
- 10cc syringe
- Lubricant
- TET fastening device/tape
- Guide rod
- Insertion device (Bougie/Frova)
- Supraglottic airway device
- Cricothyroidotomy set
- Monitor
- Pulse Oximetry
- Capnography
- Ventilator
- Tubing
- Perfusion pump
- Nasogastric catheter
- Batteries
- Stethoscope



1. Nausheen F, Niknafs NP, MacLean DJ, et al. The HEAVEN criteria predict laryngoscopic view and intubation success for both direct and video laryngoscopy: A cohort analysis. Scand J Trauma Resusc Emerg Med. 2019;27(1):1-9. <https://doi.org/10.1186/s13049-019-0614-6>

2. Olvera D, Lauria MJ, Noce J, Weir WB. Compliance and Attitudes of Critical Care Transport Providers Regarding a Prehospital Rapid Sequence Intubation Checklist. Air Med J. 2022;41(1):82-87. <https://doi.org/10.1016/j.amj.2021.10.007>