***STEP I: PREPARE PATIENT***

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| --- | --- |
| □ | Verbalize airway plan  -Direct vs video (if available)  -Back up plan |
| □ | Preoxygenate  -High flow nasal cannula  -Positive pressure ventilation if apneic  -Maximize oxygenation and avoid peri intubation hypoxia  -Verify adequate ventilation with BVM |
| □ | Avoid hypotension  -Fluid bolus when indicated  -Epinephrine infusion as per Maryland Medical Protocols |
| □ | Position patient  -Ear to sternal notch FOR ALL DIRECT LARYNGOSCOPY ATTEMPTS |
| □ | Open cervical collar |

***STEP 2: PATIENT SETUP AND EQUIPMENT***

|  |  |
| --- | --- |
| □ | Laryngoscope (Macintosh preferred for adult DL)  Back up blade |
| □ | Bougie /endotracheal tube introducer |
| □ | Endotracheal tube with stylet and cuff  Rigid stylet available for hyperangulated video laryngoscopy blade |
| □ | Position patient  -Ear to sternal notch |
| □ | Suction available |
| □ | Supraglottic device (King LT or iGel sized up and ready) |
| □ | End tidal C02 |
| □ | Surgical airway supplies for can’t intubate/can’t ventilate scenario |

***STEP 3: POST INTUBATION***

|  |  |
| --- | --- |
| □ | Verify waveform capnography |
| □ | Elevate head of bed to 30 degrees if no contraindication |
| □ | Post intubation sedation |
| □ | Monitor hemodynamics |