***STEP I: PREPARE PATIENT***

|  |  |
| --- | --- |
| □ | 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  |