

Resus Team Brief and Airway Checklist

Identify team members

- | | | | |
|--|---|---------------------------------|--------------------------|
| <input type="checkbox"/> Nursing team leader | <input type="checkbox"/> Airway assistant | <input type="checkbox"/> Runner | <input type="checkbox"/> |
| <input type="checkbox"/> Medical team leader | <input type="checkbox"/> Second intubator | <input type="checkbox"/> Scribe | |
| <input type="checkbox"/> First intubator | <input type="checkbox"/> Drugs | | |

Has comprehensive monitoring been applied and working?

- | | | |
|--------------------------------|------------------------------------|--------------------------|
| - SpO ₂ | - Blood pressure (1 minute cycles) | <input type="checkbox"/> |
| - In-circuit ETCO ₂ | - ECG | |

Is the patient's position optimal?

- | | |
|---------------------------------------|--------------------------|
| - Is c-spine immobilisation required? | <input type="checkbox"/> |
| - Optimise bed height for intubation | |

Is the patient's preoxygenation optimal?

- | | |
|-----------------------------------|--------------------------|
| - Apnoeic O ₂ ? | <input type="checkbox"/> |
| - High-flow oxygen? | |
| - Non-invasive ventilation (NIV)? | |

Confirm patency of appropriate IV / IO access

Is the patient's haemodynamics optimal?

- | | |
|--|--------------------------|
| - Consider fluids / inotropes / pressors | <input type="checkbox"/> |
|--|--------------------------|

Is airway equipment available, sized and checked (go through list)?

- | | | |
|--|---|--|
| <input type="checkbox"/> Suction | <input type="checkbox"/> Laryngoscope x 2 | Adjuncts: |
| <input type="checkbox"/> BVM (self inflating bag with PEEP valve and/or T-piece bag) | <input type="checkbox"/> ETT x 2 | <input type="checkbox"/> Nasopharyngeal Airway x 2 |
| | <input type="checkbox"/> Bougie and/or stylet | <input type="checkbox"/> Oropharyngeal Airway x 2 |
| | <input type="checkbox"/> Tube tapes / ties | |
| | <input type="checkbox"/> LMA x 2 | |
| <input type="checkbox"/> Difficult airway equipment | | |

Have the intubation drugs and doses been confirmed?

- | | |
|---|--------------------------|
| - Drugs (induction / paralytic / pressors / others) and doses | <input type="checkbox"/> |
| - Sedative infusion | |

Team leader to verbalise airway management plans

- | | |
|--|--------------------------|
| - Include difficult airway plan | <input type="checkbox"/> |
| - Verbalise specific anticipated complications | |

Resus team brief complete - proceed to intubation

