NEONATAL (2)

## Bradford Neonatal Intubation Checklist

Name Da	ate// Time:	
DOB/ MRN Re	eason for intubation:	
<ul> <li>Decision making</li> <li>Consider review of intubation guideline</li> <li>Difficult airway anticipated? Y / N</li> <li>Review difficult intubation guideline</li> <li>Consider informing consultant</li> <li>Family aware?</li> </ul>	During procedure• Maintain airway position & ensure adequate oxygenation and mask ventilation, particularly at time of sedation/muscle relaxationRecord ease of view & any complications	
<ul> <li>Drug Prescribing</li> <li>Fentanyl (3 mincrograms/kg)</li> <li>Atracurium (500 micrograms/kg)</li> </ul>	<ul> <li>below</li> <li>Duration of O<sub>2</sub> sats &lt;90% during procedure (obtain from monitor)</li> </ul>	
Preparation 1. Equipment	Number of attempts (defined as insertion of laryngoscope past the lips)	
<ul> <li>Oxygen / air supply turned on</li> <li>T-piece connected &amp; pressures adjusted</li> </ul>	• ETT size used	
<ul> <li>Appropriate size face mask</li> <li>Suction checked &amp; suction catheter connected</li> <li>Stethoscope within reach</li> <li>ET tube – estimated size + 1 smaller + 1 larger</li> <li>Consider ET introducer</li> <li>Laryngoscope checked &amp; spare available</li> </ul>	<ul> <li>ETT introducer or other device used? Y / N</li> <li>ETT seen to pass through cords?</li> <li>Pedi-cap colour change (yellow)?</li> <li>Bilateral air entry?</li> <li>Chest rise?</li> <li>ETT length at lipscm</li> </ul>	
<ul> <li>Laryngoscope blade size appropriate</li> <li>Pedi-cap &amp; Neo-fit ready</li> <li>Ventilator set up and ready</li> <li>Incubator area secured &amp; privacy screens in situ</li> <li><u>2. Team</u></li> <li>At least 2 team members with clearly defined roles</li> </ul>	<ul> <li>After procedure</li> <li>Baby exposed and observed for any signs of bleeding (if recent umbilical line insertion)</li> <li>Post-intubation CXR</li> <li>ETT position adjusted? Y / N</li> <li>Final length at lipscm</li> <li>Flag applied to ET</li> </ul>	
<ul> <li>At least 2 team members with cleany defined roles</li> <li>Procedure sequence &amp; individual roles discussed</li> </ul>	Continuation notes Please use additional continuation sheet if	
<ul> <li><u>3. Patient</u></li> <li>Positioned appropriately (consider shoulder roll)</li> <li>Monitoring attached (consider ECG monitoring)</li> <li>Plan to avoid hypothermia agreed</li> <li>IV line flushed</li> </ul>	required)	
IV line used: Peripheral / Central	Intubation performed by:	
<ul> <li>Final checks</li> <li>Oro/Nasogastric tube aspirated</li> <li>Drugs drawn up and ready</li> <li>"Everyone ready?"</li> </ul>	1. 2. 3.	

## ET tube sizing guide

Note: the insertion lengths are only a rough estimate.

Only advance the tube to the point where the black tip is seen to disappear past the cords. Do not advance further.

Gestation	Weight (kg)	Diameter	Oral length	Nasal
		(mm)	(cm)	Length (cm)
23-24	0.5	2.5	6	7
25-26	0.75	2.5	6.5	7.5
27-29	1.0	2.5	7	8
30-32	1.5	3.0	7.5	8.5
33-35	2	3.0	8	9.5
36-37	2.5	3.0	8.5	10.5
38-39	3	3.5	9	11
40+	3.5	3.5	9.5	12

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