SORT: Paediatric Intubation Checklist

Preparation	М	Time out		Post-intubation che	ecklist
Planning and Team Are SORT aware? Members of the team introduce themselves Indication for intubation? Are spinal precautions required? Any anticipated airway difficulty? If so is ENT presence needed? Use MAST guideline Is the patient haemodynamically optimised for intubation?	F> 	Assign roles: Team leader (overviews and treats physiology), Intubator, Airway Assistant, Drug-giver, Pulse-checker, C-spine immobilisation (if required) Any concerns about the procedure? Is senior/extra help needed? Anticipated difficult airway? Airway plan discussed?	7	Sustained ETCO ₂ capnograph Tube depth checked? (bilate ETT taped and secured (see Appropriate ventilator settin Sedation started Wean FiO ₂ to target approp >92% respiratory 75-85% in cyanotic cor	eral air entry) guideline) ngs (see ventilation guideline) riate SpO ₂
Patient and Monitoring IV access (ideally 2 working sites)		Paediatric equipment size guide		>94% neuroprotection	-
3-minute pre-oxygenation 100% O ₂ Insert NG tube & aspirate continuously when bag-mask ventilating (especially in neonates)		Do NOT use APLS formula to size microcuff ETT.			
LETCO ₂ attached to the bagging circuit and working	$ \ $	Neonate < 3kg consider uncuffed > 3kg up to 8 months: 3.0mm* microcuff		Documentation	
Optimise patient position (consider shoulder roll) SpO ₂ "beeps" on	$ \ $	8 months -2 years: 3.5mm microcuff		Procedure Date and time:	
BP on automatic 1-minute cycles	$ \ $	2-4 years: 4.0mm microcuff 4-6 years: 4.5mm microcuff		Name and Grade of:	
Equipment		6-8 years: 4.5mm microcuff		- Intubator	
Correct size facemask and Avres T-piece (<20 Kg) or waters circuit (>20kg)	$ \ $	*If microcuff unavailable use cuffed 3.0mm up to 1 year,		- Assistant	
Guedel airway Yankauer suction and soft suction catheters (use twice the internal diameter of ETT for size)	$ \ $	and otherwise size as above		No. of intubation attempts:	
☐ 1 Video laryngoscope (gold-standard) + 1 other (bulbs/battery checked) and 2x blade sizes	$ \ $	Length: Thick black depth mark at level of the vocal cords		Grade of intubation:	
Correct size Bougie and Stylet available (ETT loaded with stylet for neonates and infants)	$ \ $	ORAL = Age/2 + 12, NASAL = Age/2 + 15		Bougie/Stylet used?	Y/N
Correct sized ETT + one size up/down ETT cuff checked	$ \ $	Supraglottic Device (LMA or iGel): Size 1 <5 kg		ETT Size:	
2-5ml syringe for inflating cuff Magills	$ \ $	Size 1.5 5-10 kg		ETT initially secured at:	cm
☐ Stethoscope	$ \ $	Size 2 10-20 kg Size 2.5 20-30 kg		ETT adequate position on CXR?	Y/N
<u>□</u> ETT tape	$ \ $	Size 3 30-60 kg		ETT adjusted after CXR?	Y/N
Ventilator ready with appropriate settings (see initiation of ventilation guideline)	$ \ $	Stylet:		Final ETT depth	cm
Drugs (see SORT drug calculator for doses)	$ \ $	2.0 Fr Stylet ETT up to 5.0mm 4.0 Fr Stylet ETT >5.0mm		Deli and Detectle (Citation	
Any allergies? Ketamine	$ \ $	Bougie:		Patient Details/Sticker	
Rocuronium	$ \ $	Size 5 ETT sizes <3.5		Name:	
Diluted adrenaline IV fluid bolus 5-20ml/kg Hartmann's or Plasmalyte		Size 10 ETT Sizes 4.0-5.5		DOB:	
Morphine + Midazolam or Propofol infusions for ongoing sedation	$ \ $	Suction Catheter: Twice internal diameter of ETT (e.g. 8Fr for a 4.0mm ETT)		Hospital Number:	SORT Sept 2024 Review 2027 www.sort.nhs.uk