



ASSESS



CHECKLIST TO BE COMPLETED PRIOR TO PATIENT ENTERING THEATRE

- IS A DIFFICULT AIRWAY PREDICTED?
 - Second paediatric anaesthetist required?
 - **NO AFOI**
- IS THERE RISK OF PHYSIOLOGICAL COMPROMISE?
- ALLERGIES?
- WEIGHT?
- CHECK GOALS OF CARE PLAN
- SECURE AIRWAY BEFORE CPR
- **PREMED** TO ASSIST WITH VASCULAR ACCESS / INHALATIONAL INDUCTION UNLESS CONTRAINDICATED
- DEFAULT FOR PARENTS NOT TO ENTER THEATRE

EQUIP



- AIRWAY TROLLEY EQUIPMENT
 - Mask, HME filter, alert sticker
 - Bougie, stylet, appropriate OPA
 - Appropriate microcuff ETT
 - 10ml syringe, tube tie, lube
 - Video laryngoscope (VL) with blade attached - **check battery**
 - ETT Clamp, scissors, 2 blueys
- EQUIPMENT IN THEATRE
 - Check suction - Yankauer (& inline if remaining intubated)
 - Warming device (hot dog)
 - Additional monitoring required? NMB monitor, BIS, Temp
- EQUIPMENT FOR ANTE-ROOM / OUTSIDE OT
 - Paediatric trolley and Drug trolley
 - Spare VL / DL / LMA / CICO kit
- DRUGS & LINES
 - IV fluids & flushes
 - Drugs for RSI
 - Fresh roc (1.2mg/kg) or sux
 - Vasopressors / resus drugs
 - Extra for case:
 - Antibiotic/antiemetic/TXA
 - PACU drugs
 - Post-intubation sedation
- US MACHINE IN THEATRE (if difficult IV access expected)

TEAM



- ALLOCATE TEAM ROLES
 - Paediatric anaesthetist
 - Anaesthetic technician
 - 2nd anaesthetist
 - Outside runner +/- second doctor in PPE
 - Donning & doffing buddy
 - Plan how to get extra help
- **DON PPE BEFORE ENTERING THEATRE**
 - Double glove for airway team
- OPTIMISE THE PATIENT
 - Position - patient & bed
 - Head up to improve pre-ox
 - Haemodynamics
 - Working IV if possible
- **VERBALISE PLAN WHILST PRE-OXYGENATING**
- ANY CONCERNS?

PLAN & DO



- PRE-OXYGENATION
 - Cut hudson / surgical mask tie
 - Apply face mask - 2 handed grip
 - 100% O₂ - start with 6l/min
- INTUBATION - RSI if possible
 - RSI Drugs: wait for NMB to work
 - **Gentle BMV if required**
 - **Airway Plan**
 - *Plan A:* VL/ETT +/- Bougie/stylet
 - *Plan B:* LMA
 - *Plan C:* gentle 2 hand BMV, OPA and PEEP
 - *Plan D:* surgical airway
- If no IV access then inhalational induction - paralyse pre-intubation
- POST-INTUBATION
 - **Inflate cuff BEFORE ventilation (verbalise 'cuff up')**
 - Remove outer gloves
 - Confirm ETT position with capnography + chest movement
 - Secure ETT
 - **Clamp ETT before disconnecting circuit**
 - Always disconnect on ventilator side of HME filter
 - Minimise disconnections
 - Insert NG tube if required

DOFF PPE AS PER GUIDANCE
This is a high risk time

DON PPE BEFORE ENTERING