Difficult Airway Bundle Checklist

	Date:	[Place patient sticker here]
	Time:	
Planning Who will attempt to intubate?		
First Attempt: Resident Second Attempt: Resident	☐ Fellow ☐ CRNA	A ☐ Attending Anesthesiologist ☐ Other physician A ☐ Attending Anesthesiologist ☐ Other physician A ☐ Attending Anesthesiologist ☐ Other physician
How will we induce? Induction: □ IV □ IO □ IM □ inhaled □ NA – awake intubation Meds: ☑ Fentanyl ☑ Midazolam ☑ Ketamine ☑ Etomidate ☑ Lidocaine ☑ Anticholinergic ☑ NDMR ☑ Succinylcholine ☑ Sevoflurane ☑ Propofol infusion / bolus ☑ Dexmed infusion / bolus		
How will we intubate? Oxygen supply during intubation: 図Oral RAE 図NP Airway 図Nasal cannula 図Laryngeal Mask ETT Type: 図Regular Cuff 図Microcuff 図Uncuffed 図Parker 図MLT 図RAE ETT Size: Primary Device: 図DL 図Video Laryngoscope 図AirTraq 図FB thru LMA 図Lightwand 図Fiberoptic Backup Device: 図DL 図Video Laryngoscope 図AirTraq 図FB thru LMA 図Lightwand 図Fiberoptic		
	ODE and activate "A	ame of Individual: "Airway Emergency Response" y time during the procedure, please speak up."

INTUBATION

Use one of the supplemental O₂ techniques below during Tracheal Intubation:



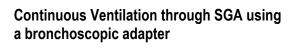
Modified Nasal trumpet connected to circuit with 6L/Min



Oral Rae tube in the corner of the mouth



Nasal Cannula at least 6L/Min flow oxygen





After 1st or 2nd attempt by a trainee or CRNA, Attending Anesthesiologists should make all further attempts to intubate.