

Preparation

- Is your team in full PPE? (N95s for this procedure)
- Does your team know their roles? (Individually verbalize these to confirm) [3 in room MD, RT, RN; 2 out MD, RN]
- Is all the equipment you require available to take into the room?
(Grab your Plan A box, LMAs, Cric kit)
- Is there a HEPA/HMA filter attached to the BVM, with capnography attached too?
- Attach a PEEP valve to the BVM
- MEDICATION:**

Ketamine: 1.5mg/Kg
 (if shocked consider reducing total dose by at least half)
Rocuronium: 1.5mg/Kg
Phenylephrine: 50-200 mcg q 2-5mins

- Repeat the plan to the team:
PLAN A: VL + Bougie
PLAN B: adjusted second attempt or rescue with LMA/SGA
PLAN C: Cricothyrotomy
- Is the line of communication (from inside to outside of the room) open and working?
- Are your infusions ready?
 Sedation & analgesia (as per guideline)
 Pressor support (Norepinephrine infusion start at 0.1 mcg/kg/min)
- Is the ventilator set up?
 (4-6ml/kg ; rate 20-30/min)

- Patient weight (Kg)
- Allergies

Procedure

- Has the patient been optimally positioned? (ensure team members are not in line with the patients face)
- Does the patient have all monitoring on? (ECG, Sats probe, NiBP, waveform capnography ready)
- Does the patient have nasal cannula at 3-5L/min?
- Does the patient have a NRM at 15L/min?
- Does the patient have 2 working IVs?
- Has the patient's abnormal physiology been corrected (to the best ability for now)?
- Has Pre-Ox occurred for 3-5min?
- Have you considered 2-handed application of a BVM for Pre-Ox if sats <93% (or CPAP via Vent circuit)?
- What are the current vital signs?
- Give the drugs
- Start the clock after the Rocuronium dose and wait for at least 1 min (to reduce risk of cough)
- Turn off O2 flow meters before removing O2 masks, BVM, or put vent on standby
- Avoid manual ventilation with BVM until the cuff is up**
- Has tube placement been confirmed with EtCO2 and VL? **NO AUSCULTATION**
- Minimize circuit disruptions/disconnections
- Attach to ventilator – are the peak pressures high?
- What are the post procedure vital signs?

Post Procedure

- Has post procedure sedation & analgesia been commenced? (refer to guidelines)
- Has a portable CXR been obtained?
- Has the patient had other tubes inserted? (urinary catheter, NGT (consider this carefully).....)
- Does the patient require further hemodynamic support?

SAFETY CRITICAL

- Buddy procedure for safe doffing of PPE
- Double bag the VL blade send for cleaning

Analgesia Agent	Dose (Adult + Children)	Sedation Agent	(Dose Adult and Children)
Fentanyl (50mcg/mL)	0.25-1mcg/Kg IV q 15-60 min. initial or bolus 50 – 700mcg/hr (1-3mcg/kg/hr)	Propofol (10mg/mL) TITRATE SLOWLY NOT USED IN PEDS <18yrs	5 – 75mcg/kg/ min.
Ketamine (Analgesic sub-dissociative dose) (10mg/mL)	0.1 – 0.3mg/kg initial or bolus 0.05 – 0.4mg/kg/hr infusion	Ketamine (sedation dose) (10mg/mL)	0.3-1.0mg/kg initial or bolus q5-60 min. 0.6 – 1.8mg/kg/hr infusion
Morphine	0.05-0.1mg/kg IV q10-60 min initial or bolus	Midazolam	0.01-0.05mg/kg initial or bolus 0.06-0.12mg/kg/hr infusion