JUSTIFICATION

- What is the reason for intubation?
- Have you informed the parents?

EQUIPMENT

•

- Have you sized an appropriate mask and attached a Pedi-cap CO2 detector?
- Neopuff gas flow set between 6 8 l/min?
- Oxygen blender set appropriately (same as baby is currently receiving)?
- Is the Neopuff delivering 20/5mmHg (preterm) or 30/5mmHg (term)?
- Is a self-inflating bag available in cot-space?
- Is the suction on, checked and working with catheter attached?
- Have you got a stethoscope?
- Is laryngoscope/video-laryngoscope (VL) working with a bright light?
 - VL can be used for infants >1.25kg and considered for infants >1kg.
- Is an appropriate blade fitted? (Too small a blade may get you into trouble).
- Do you have the correct size ET tube?
 - What length are you inserting to at the lips?
 - Have you got equipment required to secure the ET tube?
 - ET holder (correct size) with ties attached
 - Small forceps
 - Suture and orange needle

DRUGS AND MONITORING

- Has the cannula been checked and flushed?
- Intubation drugs prescribed? (see box)
- Intubation drugs checked and prepared?
- ECG and SpO₂ monitoring on?

ENVIRONMENT

- Has thermal stability been ensured?
 - Doors into nursery closed/screens up
 - Baby in plastic bag if <1500g
 - Warm blankets over baby
 - \circ Appropriately sized woollen hat
- Is a ventilator available, checked and working?Gastric tube aspirated to empty stomach?

TEAM

- Is the nursing Team Leader aware of intubation?
- Is the middle grade tier Doctor/ANNP present?
- Does the Consultant need to be aware of this intubation? (Avoid multiple attempts without support)
- Clarify team roles:
 - Who is intubating?
 - Who is administering drugs?
 - Who is passing equipment (ETT/Suction)?
 - Who will provide cricoid pressure?

SAFETY NET

- What is the planned course of action if intubation is not successful ?
- Is everyone happy to proceed?

| Body wt (kg) | ETT Size (mm) | Length at lips (cm) | Blade size (miller) | VL | F&P mask size |
|-----------------|------------------|------------------------|---------------------------|-------|---------------------|
| 0.5 | 2.5 | 6 | 00/000 | | XS |
| 0.75 | 2.5 | 6.5 | 0/00 | | XS |
| 1 | 2.5 | 7 | 0/00 | | S |
| 1.5 | 2.5 | 7.5 | 0/00 | S0 | S |
| 2 | 2.5 / 3 | 8 | 0/00 | S0 | S |
| 2.5 | 3 | 8.5 | 1/0 | S1/S0 | М |
| 3 | 3 / 3.5 | 9 | 1/0 | S1/S0 | М |
| 3.5 | 3.5 | 9.5 | 1/0 | S1/S0 | M/L |
| 4 | 4 | 10 | 1/0 | S1/S0 | M/L |

ASK YOURSELF, DO YOU NEED HELP?

VIDEO-LARYNGOSCOPE

- Plug in at cot-side if inadequate charge.
- Turn on using power button (bottom left corner of screen).
- Open and attach single-use blade.
- Undertake procedure asking an assistant to lift upper lip can expand direct view.
- Dispose of blade in clinical waste after procedure.



Author: Dr Suzanne Milne ST5, Dr Ewen Johnston Cons. July 2022. Updated by Dr Helen Turner (January 2023).