

Prepare Patient

Prepare Equipment

Prepare Team

Prepare for difficulty

- Is preoxygenation optimal? (consider head-up tilt and preoxygenate with PEEP)

- Consider apnoeic oxygenation (nasal prongs)

- Is the patient's position optimal?

- Can the patient's condition be optimised any further before induction?

- How will anaesthesia be maintained after induction?

- What monitoring is applied?
 - ECG
 - Blood pressure
 - Sats probe
 - Capnography

- What equipment is checked and available?
 - Self-inflating bag
 - Suction
 - 2 ET tubes
 - 2 laryngoscopes
 - Bougie

- Do you have all the drugs required, including vasopressors?

- Consider ketamine induction (ketamine 1 mg/kg +/- fentanyl 1-3mcg/kg)

- Do we have a second intubator? (consider call for help before induction)

- Who is ...?
 - Team leader
 - First Intubator
 - Second Intubator
 - Cricoid Pressure
 - Intubator's Assistant
 - Drugs
 - MILS (if indicated) (team members may have multiple roles)

- How do we contact further help if required?

- If the airway is difficult, could we wake the patient up?

- If the intubation is difficult, how will you maintain oxygenation? (Plans A,B,C,D)

- Where is the relevant equipment, including alternative airway?

- Are any specific complications anticipated?