Use:

This checklist outlines the Minimum Standard Preparation for performing a Medicated Assisted Airway. Though listed individually, tasks may be performed simultaneously. Deviation from this checklist may be necessary to meet atypical situational challenges.

Procedure:

Completion of this checklist will be assigned to any crew member that is not performing any tasks on the list, if one is available. The completions of each task must be confirmed by closed-loop verbal communication between the crew member performing the task and the crew member completing the checklist.

CHECKLIST ON SECOND PAGE
G1. Advanced Airway Checklist

**WDM EMS Medication Assisted Airway Checklist**

**Equipment**
- BVM w/ PEEP valve
- Oxygen tank
- Vitals monitoring
  - EKG, SpO2, BP and ETCO2
- NRB or CPAP if needed
- Suction (connected & running)
- King Vision and/or Laryngoscope
- Blade (King Vision, Mac or Miller)
- Bougie
- ETT(s) + syringe + Lubricant
- Stylet
- BIAD (King LT)

**Preoxygenation**
- Passive oxygenation via nasal cannula at 15 LPM (to be left in place until ETT secured)
- Active oxygenation via BVM (w/ PEEP valve) or NRB or CPAP
- Assess for lung compliance
- Attach vitals monitoring equipment, SpO2, BP, EKG and ready ETCO2 tubing

**Positioning**
Goal: Align the ear with the sternal notch to obtain best view of glottic opening. (AKA sniffing position)
- Use ramping to raise ear to sternal notch, several blankets or towels may be needed
- Open cervical collar and maintain manual stabilization of c-spine if present
- If on cot, raise head of cot to 30°

**Medications**
- Patent IV confirmed
- Pain management (e.g. Fentanyl)
- Pre-procedure induction (e.g. Ketamine)
- Paralytic (e.g. Succinylcholine)
- Post-procedure sedation (e.g. Ketamine/Versed)
- Fluids/pressor if needed
- Confirm O2 has PSI >500 prior to induction

**Post-Intubation**
- Confirm placement via waveform ETCO2
  - Visualized ETT passing vocal cords
  - Lung sounds
  - Epigastric sounds are negative
- Secure ETT
- Consider re-sedation early
- OG/NG placement
- AutoVent
- Consider succioning
- Vitals reassessment
- Note depth as reference for ETT migration

****STOP** Intubating provider gives verbal brief on equipment to be used and plan of action. Once agreed upon and briefed. Intubation attempt may be made.

Patient weight: _____
Time and dose of medications:

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Time of intubation _______ ETT Size _____ ETT depth _____ Initial ETCO2 _______