NEONATAL INTUBATION PAUSE



EQUIPMENT

PATIENT

TEAM

POST PROCEDURE

> NEOPUFF/MASK/SUCTION

> VENTILATOR

> TIMER

> DRUGS: Premedication

+/- Surfactant

> AIRWAY:

Laryngoscope (CL or VL)
Laryngoscope blade
Alcohol wipe for VL blade
ET tube
Introducer

Pedi-cap Stethoscope

ET tube fixator/elastoplast Elastoplast for Size 2 ETT > Monitoring

> NG tube aspirated

> Plan ET position

Measure Nasotragal length +1cm for oral ETT +2cm for nasal ETT

> Position appropriately

> Maintain warmth

> High flow 8 I/min (or CPAP)

- · Same FiO2 as previously
- FiO2 to 100% if desaturation/bradycardia during attempt
- > Adequately saturate

> ALLOCATE ROLES:

- · Team Leader
- · Drug administrator
- · Airway assistant
- Intubator*

*If in delivery room, <26 weeks or severe lung disease, senior/experienced clinician only

> TEAM BRIEF:

Procedure plan including clarification of premedication timings

Atropine Fe

Fentanyl

Sux

Tube

> ESCALATION PLAN:

- If >2 unsuccessful attempts, must escalate to most experienced clinician
- If ongoing difficulties call for help early, other neonatologist if during hours, out of duty anaesthetist 84342 or PICU

> ET FIXATION:

- · Ensure ET firmly secure
- If Neofit ensure grippers are circumferential around ETT
- · Refer to SOP for fixation

> VENTILATOR:

- Check ventilator once ETT connected
- > CHEST X-RAY
- · Ensure ET in good position
- > DOCUMENTATION
- Procedure
- Size & length of ETT in notes
 & bedside airway alert poster