

Airway: Post-Endotracheal Intubation Checklist

A	AEMT	A
P	EMT- P	P

Clinical Indication:

- Immediately after Endotracheal Intubation Procedure is performed.

Procedure:

1. Ensure cuff of endotracheal tube is inflated per Endotracheal Intubation procedure.
2. Monitor continuous (EtCO₂) waveform capnography to ensure that waveform is consistent with correct airway placement.
3. If no waveform capnography (ETCO₂) is observed on the monitor, **IMMEDIATELY** remove endotracheal tube from airway and provide Bag Valve Mask ventilations with appropriate oxygen source connected and flowing.
 - Escalate per protocol and as needed with airway adjuncts and BIAD. If BIAD is utilized as a rescue device, immediately confirm placement with ETCO₂ waveform capnography.
4. If cricothyrotomy procedure is being considered, follow protocol for procedure as indicated. After placement confirm that ETCO₂ waveform is present.
5. Provide the patient with Bag Valve ventilations and ensure appropriate oxygen source is flowing.
6. Listen to the lungs for equal breath sounds in the upper and lower lung fields, bilaterally; also, check for the absence of sounds over the epigastrium / center of the upper abdomen.
7. Continue appropriate ventilation by bag ventilation or confirm clinically appropriate ventilator settings on the ventilator. Re-confirm Bag Valve ventilations or that ventilator is connected to appropriate oxygen source that is flowing.
8. Secure the airway device with a commercially available product. If ETT, document placement location by the centimeter mark either at the patient's teeth or lips on the patient care report (PCR).
9. If using a mechanical ventilator follow RSP 6 Procedure: Ventilator Operation
10. Document all devices used to confirm initial tube placement. Also, document presence or absence of breath sounds before and after each movement of the patient.
11. Re-check and document vital signs immediately after intubation and at least every 5 minutes.
12. Follow post-intubation protocol for analgesia, sedation and neuro-muscular blockade as indicated.
13. It is strongly recommended that an airway evaluation form be completed with all intubations.



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Procedure (continued):

14. Record ETCO₂ monitor readings on scene, en-route to hospital, and at the hospital after patient is moved to a hospital stretcher.
15. Verify tube placement frequently and always with each movement of patient.
16. Consider placing an NG or OG tube to clear stomach contents after airway device is secured with ET tube or Supraglottic airway with a gastric tube port.
17. Assess for worsening abdominal distention with every delivered breath, or concern of aspiration of gastric contents.

Certification Requirements:

Maintain knowledge of the indications, contraindications, technique, and possible complications of the procedure. Assessment of this knowledge may be accomplished via quality assurance mechanisms, classroom demonstrations, skills stations, or other mechanisms as deemed appropriate by the local EMS system.