PICU INTUBATION ALGORITHM

- Prepare/gather all equipment outside of room
  - Include NGT and Duodenal tube
  - Place tape on ETT to protect while clamped
  - Intubation supplies are in designated bag outside of room
  - Have intubation medications drawn up and ready: propofol and succinylcholine for RSI/anesthesia

- Call anesthesia for glidescope and assistance
  - Provide weight and age of patient
  - Check for anesthesia availability. Most experienced staff will do the intubation.

- Staff to put on PPE before entering room
  - N-95/PAPR, gown, gloves, face shield
  - Use buddy system to ensure PPE is correct
  - Bring all supplies into the room

- Have suction set up ready and functioning
  - Ventilator in room and ready to use. All filters in place
  - Use time out to ensure readiness to proceed
  - Communicate with staff that all supplies and equipment are available and ready to use

- Ambubag prepared with filters in place.
  - If needed, Bag with 2 person, 2 hands technique
  - Ventilator tubing prepared with in-line suction filters and waveform capnography in place
  - Position and prepare patient.
  - Place patient on 100% oxygen
  - Give sedation and NMB. Ensure complete paralysis

- Immediately on successful intubation:
  - Inflate cuff
  - Clamp ETT
  - Connect patient to ventilator
  - Unclamp ETT. Secure tube
  - Place duotube/NGT if ordered

- Evaluate patient: BBS, chest rise, SPO2
  - Check ETCO2 confirm placement via waveform capnography on the ventilator
  - Order CXR. If possible obtain after NGT/duotube placed
  - Obtain ETT aspirate culture: Use clamp/unclamp technique to obtain and pause ventilator.

- Adjust ventilator settings/ensure patient stability before leaving room
  - Exit and Doff PPE per protocol
  - Clean reusable equipment per hospital policy