



## CHECKLIST

# Post-intubation checklist

The first 30 minutes after the tube goes in



EM Orbit

Patient reference

Date

Time zero

Completed by

Most post-intubation harm is hypotension, hypoxia, tube displacement and inadequate sedation. Check them in that order.

### Confirm and secure

- ☐ **Sustained waveform capnography — the only acceptable confirmation**  
Auscultation and misting are supplementary.
- ☐ Tube depth recorded at the teeth (about 21 cm women, 23 cm men); equal chest movement; secured with a tie
- ☐ Cuff pressure 20–30 cmH<sub>2</sub>O
- ☐ Chest X-ray requested: tube tip 3–5 cm above the carina, lines, no pneumothorax

### Ventilate and oxygenate

- ☐ Tidal volume 6–8 mL/kg IDEAL body weight; plateau pressure < 30 cmH<sub>2</sub>O  
IBW men =  $50 + 0.91(\text{height cm} - 152.4)$ ; women  $45.5 + 0.91(\text{height cm} - 152.4)$ .
- ☐ PEEP 5 cmH<sub>2</sub>O to start; titrate with FiO<sub>2</sub>; target SpO<sub>2</sub> 92–96%  
Wean FiO<sub>2</sub> from 1.0 as soon as possible.
- ☐ Respiratory rate 16–20 to start; ET CO<sub>2</sub> 35–45 mmHg unless a specific target applies  
Permissive hypercapnia in obstructive disease; avoid hypocapnia in brain injury.
- ☐ Blood gas at 20–30 minutes

### Haemodynamics

- ☐ **Blood pressure checked immediately and every 2–3 minutes for 15 minutes**  
Post-intubation hypotension is common: fluid, push-dose pressor, then infusion.
- ☐ Sudden deterioration → DOPES: Displacement, Obstruction, Pneumothorax, Equipment, Stacked breaths  
Disconnect and bag by hand while you look.

### Sedation, comfort, care

- ☐ Analgesia first (fentanyl or morphine infusion), then sedation (propofol or midazolam); titrate to a target score  
A paralysed patient must be sedated; check paralysis has worn off before assuming comfort.
- ☐ Orogastric tube, eye care, head of bed 30°, pressure-area care, temperature
- ☐ Ventilator alarms set; suction and BVM at the bedside; transfer bag ready
- ☐ Documentation: drugs, doses, grade of view, attempts, tube size and depth, ventilator settings; ICU informed

