

Emergency Airway Checklist for ED Intubation

Preparation -> Timeout -> Airway -> Post-Airway | Educational scaffold - local protocol and bedside judgment control care.

1. Preparation	Oxygen strategy + apneic oxygenation; suction x2 tested; BVM with PEEP/filter/adjuncts; position/ramp/C-spine; VL primary + DL backup; ETT/stylet/syringe/bougie; SGA + cric kit; EtCO2/monitoring/roles.
2. Timeout	Indication and physiology risk named; allergies/contraindications checked; induction/paralytic doses verbalized; Plan A/B/C stated; failed-attempt change chosen; post-intubation sedation/analgesia ready; CICO trigger verbalized.
3. Airway	Preoxygenate; start apnea/attempt timer; clean the view with suction; identify landmarks before tube passage; pass deliberately; prove placement with continuous waveform EtCO2; oxygenate and change something after a failed attempt.
4. Post-Airway	Tube depth + securement; sedation/analgesia active; ventilator mode/VT/RR/PEEP/FiO2/alarms matched to physiology; BP/shock reassessed; CXR/US as appropriate; handoff and debrief completed.

Failed attempt reset: stop, oxygenate, declare failure mode, change one meaningful variable, and escalate early to rescue oxygenation / front-of-neck access when indicated.

Tube in, patient worse: disconnect ventilator and bag with 100% O2/PEEP when appropriate; check DOPES - displacement, obstruction, pneumothorax/patient, equipment, stacked breaths; reassess BP, EtCO2, compliance/resistance, sedation, and physiology.

Clinical safety: This cognitive aid is for airway education, simulation, and local adaptation. It is not an order set and does not replace institutional protocol, medical direction, or real-time clinical judgment.