



# 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