Intubation Checklist

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Operator Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identifies indication for procedure Y N

Proper selection of equipment

 Appropriate laryngyscope/blade Y N

 Appropriate size ET tube Y N

 Suction, O2, etc Y N

Proper patient monitoring Y N

Appropriate medication selection Y N

Proper technical skill Y N

Appropriate confirmation of placement Y N

Successful at procedure Y N

Multiple attempts required? Y N

 If yes how many attempts \_\_\_\_\_\_\_\_

Did the person display the skill to perform the procedure independently without direct supervision? Y N

Comments:

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Preceptors name and signature