Appendix 1 - GG&C Intubation Pause

NEONATAL INTUBATION PAUSE

**EQUIPMENT**
- NEOPUFF/MASK/SUCTION
- VENTILATOR
- TIMER
- DRUGS:
  - Premedication
  - +/- Surfactant
- AIRWAY:
  - Laryngoscope (CL or VL)
  - Laryngoscope blade
  - Alcohol wipe for VL blade
  - ET tube
  - Introducer
  - Pedi-cap
  - Stethoscope
  - ET tube fixator/elastoplast
  - Elastoplast for Size 2 ETT

**PATIENT**
- Monitoring
- NG tube aspirated
- Plan ET position
  - Measure Nasotracheal length
  - +1cm for oral ET
g  
  +2cm for nasal ET
- Position appropriately
- Maintain warmth
- High flow 8 l/min (or CPAP)
  - Same FIO2 as previously
  - FIO2 to 100% if desaturation/bradycardia during attempt
- Adequately saturate

**TEAM**
- ALLOCATE ROLES:
  - Team Leader
  - Drug administrator
  - Airway assistant
  - Intubator
  
  *If in delivery room, <26 weeks or severe lung disease, senior/experienced clinician only*

- TEAM BRIEF:
  - Procedure plan including clarification of premedication timings

- ESCALATION PLAN:
  - If >2 unsuccessful attempts, must escalate to most experienced clinician
  - If ongoing difficulties – call for help early, other neonatologist if during hours, out of duty anaesthetist 84342 or PICU

**POST PROCEDURE**
- ET FIXATION:
  - Ensure ET firmly secure
  - If Neofit - ensure grippers are circumferential around ET
  - Refer to SOP for fixation

- VENTILATOR:
  - Check ventilator once ET connected

- CHEST X-RAY
  - Ensure ET in good position

- DOCUMENTATION
  - Procedure
  - Size & length of ETT in notes & bedside airway alert poster