

Procedural checklist: Nasendoscopy

The following checklist will be used during the practice session to guide improvements.

Item	Run 1	Run 2	Run 3	Run 4
COMMUNICATION				
Explains procedure to patient				
PREPARATION				
Lists equipment needed				
Attaches light source				
Ensures patient sitting up				
2 -3 puffs Co-Phenylcaine to each nostril				
Lubricates sides of scope				
Cleans tip with alcohol swab or saliva				
TECHNIQUE				
Holds scope in non-dominant hand				
Orientates field of view with notch to top of screen				
Holds tip of scope in dominant hand and advances straight along floor of nose				
Keeps the view in the middle of the tunnel				
Directs scope downwards				
Asks patient to sniff to open nasopharynx				
Asks patient to stick out tongue to open vallecula				
Passes scope under epiglottis				
Asks patient to vocalise to assess cord motility				
On withdrawing straightens scope as passes through nasopharynx to floor of nose				
POST-PROCEDURE MANAGEMENT				
Wipes off excess lubricant				
Places scope back into tray/bag and seals				
Places scope identification sticker into patient case notes				
Places patient sticker onto scope tray/bag				
Issues post-procedure instructions to patient re hot drinks				

Procedural checklist: HFNO / Optiflow

The following checklist will be used during the practice session to guide improvements.

Item	Run 1	Run 2	Run 3	Run 4
COMMUNICATION				
Explains procedure to patient				
PREPARATION				
Gathers Optiflow unit, oxygen tubing kit and nasal cannula				
Plugs Optiflow unit into mains				
Inserts Oxygen hose into pipeline				
Slides humidifier chamber into unit				
Removes yellow capping from humidifier chamber				
Hangs water bag >50cm above unit				
Fills bag to 600ml with sterile water				
Ensures water level is under black line on chamber				
Attaches tubing between unit and flowmeter				
Removes yellow cap from oxygen delivery tubing				
Connects nasal cannula with filter to oxygen delivery tubing				
Turns unit on and selects Optiflow setting from menu				
Ensure 37°C setting is chosen				
Set oxygen flow to 10 l/min				
Allows to heat until temperature displayed on unit is at least 36°C				
TECHNIQUE				
Check flow from nasal cannula prior to attaching to patient				
Attaches nasal cannula to patient				
Ensure strap secured on crown and avoids the ears				
Sets flow rate to 30L/min on flowmeter				
Optimises patient position for intubation				
Increases flow rate to 50 L/min				
Asks patient to breathe normally for 5 minutes				
Induces anaesthesia				
Once anaesthetised increases flow rate to 70L/min				
Keeps airway patent using jaw thrust +/- OPA				
Wait for muscle relaxant to work				
Does <u>not</u> attempt bag-mask ventilation with Optiflow on patient				
Performs laryngoscopy and inserts tracheal tube				
Moves Optiflow cannula onto forehead				
Inflates cuff on tracheal tube				
Confirms tracheal tube placement				
POST-PROCEDURE MANAGEMENT				
Keeps nasal cannula for post-operative use if necessary				

Procedural checklist: FONA

The following checklist will be used during the practice session to guide improvements.

Item	Run 1	Run 2	Run 3	Run 4
COMMUNICATION				
Declares CICO and transition to FONA				
PREPARATION				
Lists equipment needed				
Confirms neuromuscular blockade				
Maintains attempts to oxygenate via upper airway				
Extends patient's neck (pillow under shoulders/head off trolley)				
Stands on left hand side of patient (if right-handed)				
TECHNIQUE				
Performs laryngeal handshake with left hand				
Stabilises larynx with left hand				
Locates CTM with left index finger				
Stretches skin over CTM with left thumb and index finger				
Makes transverse stab incision with cutting edge towards operator				
Twists blade through 90 degrees – cutting edge to toes				
Applies gentle traction towards operator				
Swaps hands maintaining scalpel perpendicular to skin and in traction				
Takes bougie near coude tip in right hand				
Positions bougie parallel to floor and with coude tip at right-angles to trachea				
Inserts bougie alongside scalpel blade				
Rotates and advance to 10-15cm (clicks may be present)				
Removes scalpel				
Stabilises trachea and tension skin with left hand				
Railroads tube over bougie with rotation				
Removes bougie and inflates cuff				
Confirms ventilation with CO ₂				
Checks depth of tube and secures				
POST-PROCEDURE MANAGEMENT				
Describes contacting ENT for definitive airway				
Describes means of maintaining anaesthesia				

Procedural checklist: Intubating via a SAD

The following checklist will be used during the practice session to guide improvements.

Item	Run 1	Run 2	Run 3	Run 4
COMMUNICATION				
Declares transition to Plan B and option of intubating via i-gel®				
PREPARATION				
Ensures patient ventilating well through i-gel®, adequate paralysis and maintenance of anaesthesia				
Confirms equipment needed				
Turns on the screen – it will take up to 45seconds to load				
Opens the flexible bronchoscope packaging				
Removes the hand piece protector				
Removes the cable tie				
Connects the cable to monitor via a push connection. Blue arrow → blue arrow on left hand side of screen				
Removes sheath from scope				
Loads Aintree Intubation Catheter (AIC) onto scope and fixes in place under rubber hold (<i>Inserts at slight angle to aid insertion</i>)				
Lubricates AIC				
Attaches swivel connector between i-gel® and anaesthetic circuit				
Double taps screen to enlarge image				
TECHNIQUE				
Asks assistant to immobilise i-gel®				
Introduces scope through top port of swivel connector into i-gel® lumen				
Sequentially visualises lumen, glottis, tracheal rings then carina				
Advances AIC until in line with end of scope				
Notes depth of AIC at lips through i-gel®				
Withdraws scope whilst immobilising AIC				
Disconnects anaesthetic circuit from i-gel®				
Withdraws i-gel® carefully whilst maintaining position of AIC				
Holds AIC in mouth once visible and removes i-gel®				
Confirms depth of AIC to ensure it has not advanced				
Inserts laryngoscope to elevate tongue				
Railroads tracheal tube to appropriate depth				
Removes AIC				
Attaches circuit, inflates cuff and confirms ventilation via ETCO2 and auscultation				
POST-PROCEDURE MANAGEMENT				
Considers confirmation of tube position with flexible bronchoscope				