Priority: Oxygenate the patient
Assemble appropriately trained team

Administer 100% oxygen
Give CPAP or support ventilation as required

Predict difficult airway and arrange expert team
including anaesthesia and ENT if necessary
(eg: stridor, facial trauma, burns, c-spine injury, previous
difficult intubation, syndromes with facial deformity)

Role allocation:
- Intubator
- Assistant 1: equipment and external laryngeal manipulation
- Assistant 2: drugs
- Assistant 3: c-spine manual in-line stabilisation (if required)

Team states plan

Assistant 1: equipment
- Correct-sized face mask
- Self-inflating bag / anaesthetic circuit
- Correct-sized Guedel airway and LMA
- Working suction and Yankauer
- Plug in and calibrate capnograph (ETCO₂)
- Choice of working laryngoscopes
- Bougie and stylet
- Correct ETT and neighbouring sizes
- Check cuff for leak if applicable
- Stethoscope
- ETT tapes

Intubator
- Assess and open airway (+/- adjunct)
- Optimise head position
- Administer 100% oxygen via face mask
- Commence bag-mask ventilation if necessary
- Ensure full monitoring attached and working (ECG, SpO₂, NIBP)
- Insert NGT / OGT to empty stomach and aspirate continuously (assistant 1)
- Ensure working IV access

Assistant 2: drugs
- Ketamine 1 or 2 mg/kg
- Rocuronium 1 mg/kg
- Adrenaline 0.1 ml/kg of 1:10000
- Dilute adrenaline 1 microgram/kg/ml (0.1 ml/kg 1:10000 diluted up to 10 ml with saline)
- Sedation, e.g morphine and midazolam infusions

ETT size:
- Uncuffed (over 1 year): age / 4 + 4
- Cuffed (>3 kg): age / 4 + 3.5
  (or look at back of packet)
- Neonates under 3 kg: 2.5, 3.0 or 3.5 mm uncuffed tube