Reducing the risk of unrecognised oesophageal intubation:

the two step 2-person verbal intubation check

Tea Trolley Training

Start of the list: Ask your anaesthetic assistant…

"Are you happy to do a 2-person verbal check for all intubations today?"

'Are you comfortable viewing intubation on the videolaryngoscope screen & interpreting capnography?'

Step 1:

During laryngoscopy ask:

"Are you happy that you can you see the tracheal tube passing through the vocal cords?"

Identify

- Epiglottis
- Arytenoid cartilages
- Vocal cords
- Tracheal tube passing through cords & anterior to arytenoids

If not, pause & optimise VL view

Step 2:

When ventilating the patient ask:

"Are you happy that you can see 7 capnography waveforms?"

Capnography trace should:

1. Rise & fall with respiratory cycle
2. Waveforms >1kPa
3. Sustained and non-diminishing
4. Correct for clinical context

If not, actively exclude oesophageal intubation:

- ?Remove tube → FM/SGA
- ?Repeat VL
- ?Flexible bronchoscopy

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