1. Oxygenation
   • Better pre-oxygenation = more apneic time = easier intubation
   • Prolonged hypoxia during intubation -> cardiac arrest
   • Sick, dying, crash airway -> BVM with PEEP valve
   • Standard pre-oxygenation -> Nasal Cannula (NC) and Non-Rebreather (NRB)
   • Difficult pre-oxygenation -> CPAP/BiPAP

2. Hemodynamic Stabilization
   • Hypotension during intubation -> cardiac arrest
   • Stabilize BP prior to intubation with fluids, peripheral vasopressors

3. Prep
   • S: suction
   • O: oxygen (BVM, NC, NRB, oral/nasal airways)
   • A: airway (ET tubes, Mac/Miller blades, glidescope, bougie, scalpel)
   • P: Pharm (paralytic, sedative)

4. Plan
   • 1st attempt: DL, VL
   • 2nd attempt: DL w/ bougie, VL
   • 3rd: VL, new operator
   • In between attempts, consider re-oxygenating/pre-oxygenating with BVM
   • Can’t intubate: must oxygenate: BVM w/ PEEP, LMA
   • Can’t intubate, can’t ventilate (aka: can’t oxygenate): always be prepared to perform a surgical airway

5. Post Intubation
   • Confirm ET placement: ETCO2, breath sounds, XR chest, ET tube condensation, chest wall rise
   • Analgesia/Sedation: fentanyl gtt, propofol gtt
   • Vent Settings: ARDSnet protocol, match pre-intubation minute ventilation via ventilator respiratory rate to avoid worsening acidosis