

Intubation Checklist for suspected or confirmed COVID 19 patient

- Essential staff *only* (2x Doctors, Airway assistant, Runner)
- Intubation performed by most experienced intubator
- Prepare for physiological decompensation at induction
- IV induction preferable (modified RSI and minimise disconnections)

Prepare & Airway
Equipment Plan

PPE

Intubation

Post procedure
safety

Outside/Clean Room/Resus

Airway Trolley:

- Appropriate mask size(s)
- Guedel
- McGrath/C-Mac + blade(s)
- DL laryngoscope & blade(s)
- Cuffed tube x 2
- Stylet pre-loaded
- McGill's forceps
- LMA x2
- Tube tapes
- ETT clamp
- HMEF vent *and* patient end
- Manometer to inflate cuff
- NGT & syringe
- In-line suction
- Incopads
- Throat pack

Weight:

Allergies:

Circulation:

- IV access equipment set up
 - Fluid lines primed
- Drugs :**
- Glycopyrolate 5mcg/kg (anti-sialagogue)
 - Induction*
 - Ketamine 2mg/kg
 - Fentanyl 2mcg/kg
 - Rocuronium 1mg/kg
 - Saline flushes
 - Adrenaline 1:10,000 + 1:100,000
 - Fluid bolus 20ml/kg
 - Extra drugs to consider:
 - Sedation/ Analgesia
 - Additional paralysis
 - Vaso/inotropes
 - Antibiotics
 - Antiemetics (No Dex)
 - Local anaesthetic

*Drugs and dosing at discretion of consultant

PPE for all airway personnel

- Establish PPE supervisor
- Check pockets empty
 - Wash hands
 - Put on PPE
 - > see PPE guideline
 - Check alcohol gel & gloves outside and inside room

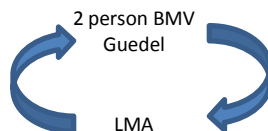
Allocate Roles:

- Intubator
- Monitoring/Airway assistant
- Drug/CVS stability
- Runner

Airway Plan:

Plan A: 1st attempt, best attempt. Max 3 attempts.
?Cricoid/BURP

Plan B:



Plan C: Disposable scope through LMA

Plan D: ENT/eFONA

Inside Room

Pre-intubation

Airway trolley position optimal
Yellow bin & tray for disposal

Equipment check

- Ventilator/Anaesthesia machine & circuit
- Suction in holster
- Apply all monitors, inc CO2
- Check IV
- Optimise patient position
- ?Resuscitation pre-induction
- Stethoscope (avoid use)
- HME filters and in-line suctioning on circuit
- BP cuff opposite arm to SaO2/IV

Preoxygenation

- 2 hand technique
- Circle > t-piece
- Avoid bagging or use low volumes

Post-intubation

- Inflate cuff w/ manometer before bagging
- Confirm tube with capnography & bilateral chest rise
- Pt – ETT – in-line suctioning – HMEF – CO2 – circuit
- Disconnect circuit *after* filter or clamp ETT
- NG inserted/aspirated
- Only suction if necessary
- Bag dirty equipment +/- change to clean circuit

Doff/Swap teams

Transfer

-> See transfer guideline

Extubation

Perform in room
Essential personnel only
Consider deep extubation
FM O2 or surgical mask. No HFNC.

Remove PPE (all in yellow bin)

High Risk

Use Visual Aids & Buddy

Debrief/Learning Points