

# 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
  - Long extension line for IV
  - 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

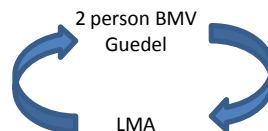
### Allocate Roles:

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

### Airway Plan:

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

### Plan B:



**Plan C:** Fiberoptic 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**