

Intubation Checklist for COVID19 Patient

Safety of the health care team is paramount and during a pandemic, health care worker safety is prioritised over the patient. Effective communication is key.

Intubation Goals

1. Minimise Aerosol Exposure:

- RSI (avoid BMV)
- Inflate Cuff Prior to Ventilation
- Clamp ETT Before Circuit Disconnection

2. Minimise Waste:

- Rationalise Kit

Equipment

Intubation Bag:

- ETT 7.5 w/ Stylet
- Syringe & Gel
- Mcgrath + 4 Blade
- Anchorfast or Tie
- ETT Clamp
- Flex-Tube
- In-Line Suction

Drugs:

- Ketamine 200MG
- Rocuronium 200MG
- Phenylephrine X 2
- Propofol 1% 100ML
- Norepinephrine Infusion
- *Additional drugs available on request*

Crash Bag:

- Bougie
- ETT 6.5, 7.0, 8.0
- X Mcgrath Blade
- LMA 3 & 4 & 5
- DL MAC 3 & 4
- Cricothyroidotomy Set
- ACLS Drug Box & Zoll Defibrillator

Anteroom Bag:

- Plan B Kit (Assembled during brief from **Crash Bag**)

Team Brief (Lead by Anesthesia)

1. Team Introduction & Assign Roles
2. Patient Allergies/Consent/Code Status
3. Empty Pocket Check
4. Review Intubation Plan & Prepare Kit
 - Plan A/B/C
 - RSI Sequence & Drug Dosing — Recommend 1.5MG/KG Rocuronium
 - Prepare **Intubation Bag & Drugs**
 - Prepare **Anteroom Bag** from **Crash Bag**
 - Trauma Surgeon notified if Necessary
 - Review Communication Prompts
5. Room Check
 - Ambu-Bag /OPA/HEPA Filter
 - Capnography
 - Suction + Yanker
 - > 2 IV Pumps
 - IV Access
 - Ventilator + Closed Suction
 - Plastic Drape
6. Cardiac Arrest: **AIRWAY THEN COMPRESSION!**

Team Roles:

Intubator/Room Lead
ANESTHESIA

Drug Administration
RN

Airway Assistant
RT

Anteroom Runner (PPE ON)
RT OR RN

Second Intubator
(PPE ON, External)

Intensivist
(External)

Second RN
(External, Observer/Chart)

OUTSIDE ROOM

Before Room Entry

- Collect **Intubation Bag & Drugs**
- Collect **Anteroom Bag**
- Collect Additional Discussed Equipment
+/- CVC, Arterial Line
- DON PPE
- Buddy Check

Pre-Intubation

Ready Intubation Equipment

- McGrath & Blade
- ETT w/ Stylet & Syringe
- Anchorfast
- Suction
- Ventilator + Closed Suction + Capnography
- Ambu-Bag (No PEEP Valve) + HEPA + Mask + OPA
- Clamp

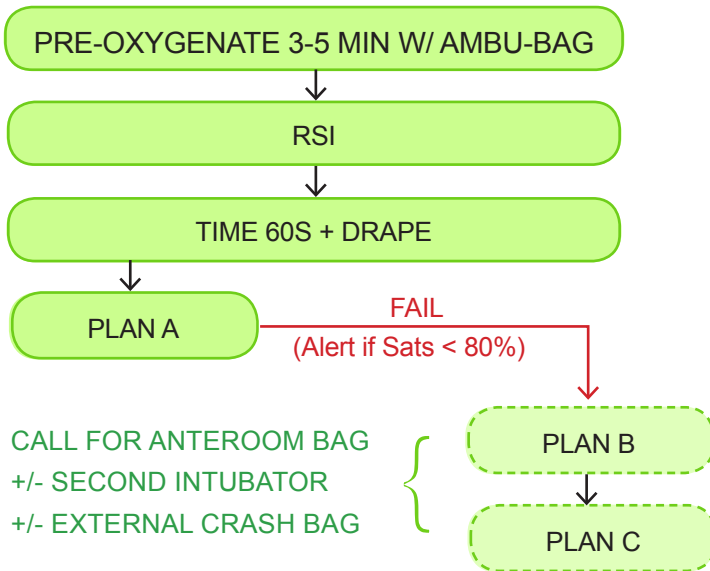
Check Patient

- Position
- Monitors
- IV Access
- Prepare Infusions

Time Out

- Review Intubation Plan
- Address Concerns
- **Reinforce Key Points to Minimize Exposure:**
 - Avoid BMV
 - Tolerance of Hypoxemia
 - Clamp ETT for Circuit Disconnect

Intubation



Post-Intubation

Success

- Inflate Cuff
- Attach to Closed Suction + HEPA + Capnography + Ventilator Circuit
- Confirm ETCO₂
- Secure Tube
- Initiate Sedation Infusion
- Initiate Ventilation Strategy
- Insert NGT

Before Exit

- Ensure Patient Stability
- Discard Disposables
- RG Clean McGrath with AHP Wipes (White Top) then hand off to Anteroom for Second Clean
- DOFF PPE with Observer

End

- Wash Exposed Areas
- Hot Debrief; Critical Points
- Restock and Clean Kit