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.

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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
- Phenylephine 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
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:

<table>
<thead>
<tr>
<th>Intubator/Room Lead ANESTHESIOLOGIST</th>
<th>Anteroom Runner (PPE ON) RT or RN</th>
<th>Second RN (External, Observer/Chart)</th>
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<tbody>
<tr>
<td>Drug Administration RN</td>
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<td>Second Anesthesiologist</td>
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<tr>
<td>Airway Assistant RT</td>
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<td>Intensivist</td>
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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
- Ventilator preset on stand-by

**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**

- PRE-OXYGENATE 3-5 MIN W/ AMBU-BAG
- RSI
- TIME 60S + DRAPE
- PLAN A
  - FAIL (Alert if Sats < 80%)

- CALL FOR ANTEROOM BAG
  - +/- SECOND INTUBATOR
  - +/- EXTERNAL CRASH BAG

- PLAN B

- PLAN C

**Post-Intubation**

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

**Before Exit**
- Ensure Patient Stability
- Discard Disposables
- RT 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