

Emergency Intubation Checklist for COVID-19

PPE and
Team
Preparation

Prepare for
Difficulty

Prepare
Equipment

Induction
and
Intubation

Post
Intubation
& Safety

Outside Room

PPE - Don't rush!

☐ Hand Hygiene

☐ PPE:

☐ Overhood

☐ Gown

☐ N95 Mask

☐ Protective Eyewear

☐ 1st set of gloves

☐ 2nd set of gloves

☐ Buddy PPE Check

☐ Allocate Roles & Label

☐ Lead Intubator

☐ Airway Assistant

☐ Medical Team Leader

☐ Runner

Team Huddle

☐ Case Synthesis

☐ Goals of Care?

☐ Any allergies?

☐ Any comorbidities?

☐ Other considerations?

☐ Drugs & Doses

☐ Ketamine 0.5-2mg/kg

☐ Rocuronium 1.5mg/kg

☐ Metaraminol (0.5mg/mL)

☐ Extra Rocuronium, 50mg

☐ Morphine & Midazolam

☐ Adrenaline 1mg in 10ml

☐ Airway Plan

• Plan A:

☐ mRSI with Video

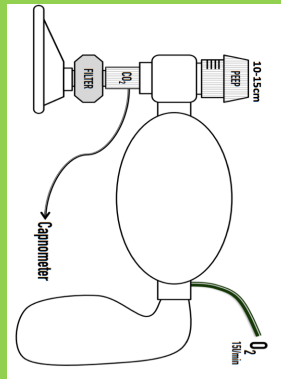
Laryngoscope and most
senior intubator

☐ Use 30 second drills

☐ Difficult or Failed
Intubation

• Plan B/C:

☐ Tight 2 handed BVM
assembled as below &
then LMA



• Plan D:

☐ FONA - Scalpel, Finger,
Bougie + Size 6 ETT

☐ Do not ventilate during
FONA attempt

☐ Safety Check

Inside Room

☐ Apply monitoring

☐ ECG, BP, SpO₂, EtCO₂

☐ Equipment

☐ Kit Dump Done

☐ Suction within reach

☐ Place bluey behind patient's
head

☐ IV access x2 & Flush

☐ Giving set connected

☐ Drugs available in room

☐ Optimise for Intubation

☐ Position with ramp

☐ Hemodynamics: Use
inotropes early and limit fluids

☐ Set up Ventilator

☐ Mode PCV+

☐ 100% FiO₂

☐ PEEP 10-15cmH₂O

☐ P_{insp} 20-25cmH₂O

☐ Resp Rate of 20/min

☐ Yellow bin adjacent to
airway assistant

☐ Turn off facemask O₂ and
discard mask

☐ Pre-oxygenation: BVM,
tight seal, 2 handed grip
for 3min

☐ Avoid PPV but if ventilation
required use low tidal volume

☐ Final Checks (overleaf)

☐ Induction & Paralysis
(45 – 60 sec)

☐ Disconnect BVM above
HME Filter

☐ Intubate

☐ Inflate cuff

☐ Connect HME Filter

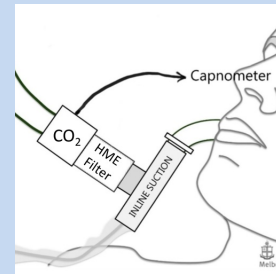
☐ Reconnect BVM and
start ventilation

☐ Confirm tube
placement with EtCO₂

☐ Secure ETT

☐ To connect to ventilator
follow Safe Circuit
Protocol (overleaf)

☐ Sedation



☐ Insert NGT

☐ Place blade in bag and seal

☐ Dispose of all consumables

☐ Discard outer glove (all)

☐ Ventilation

☐ FiO₂: Titrate to Sats > 90%

☐ Titrate PEEP & P_{insp} to TV
6ml/kg ideal body weight

☐ If circuit break required
follow safe circuit protocol

☐ Considerations

☐ Extubation is HIGH RISK

☐ Minimise cough using
neuromuscular blockade

☐ Meticulous PPE Removal
in Doffing Area with buddy

☐ Remove gown and gloves

☐ Hand Hygiene

☐ Remove protective eyewear

☐ Remove N95 mask

☐ Remove overhood

☐ DO NOT TOUCH FACE

☐ Hand Hygiene

☐ Debrief

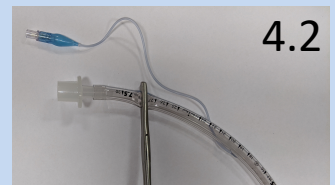
Emergency Intubation Checklist for COVID-19

Inside Room - Finals Checks

- ☐ **Monitoring**
 - ☐ Connected and Checked
 - ☐ 2 minute cycles NIBP
- ☐ **Airway**
 - ☐ Clear plan
 - ☐ Verbalised to Team
- ☐ **Pre-oxygenation**
 - ☐ BVM connected to 15L O₂ 3min
 - ☐ Tight 2 handed grip
 - ☐ Do not bag unless absolutely necessary (Sats <80%)
- ☐ **Post-intubation planning**
 - ☐ Ongoing sedation and paralysis

Safe Circuit Protocol

1. Paralysis
2. Ventilator
 - 2.1 Settings
 - 2.2 Standby or Turn Off
3. ETT
 - 3.1 Clamp applied
4. Circuit
 - 4.1 Break circuit above HME filter
 - 4.2 Remove everything above ETT
5. Connect to ETT in following order
 - 5.1 Inline suction
 - 5.2 HME filter
 - 5.3 EtCO₂ sensor
6. Connect ventilator circuit
7. Unclamp ETT
8. Discard outer gloves (airway assistant)
9. Start Ventilator



Emergency Intubation Role Allocation & Timeline for COVID-19

Version 1
27/3/2020
ED COVID-19
Response Team

Lead Intubator
Most experienced Intubator
1st attempt pass

Medical Team Leader
Anaesthetics/ ICU/ ED Doctor
Patient and situation optimisation

Airway Assistant
Anaesthetics/ ICU/ ED Nurse/ Tech
Monitoring and equipment

Runner
OT/ ICU/ ED Nurse
Team support, scribe & PPE vigilance

PPE – Overhead, Gown, N95 mask with protective eye wear, 1st Set of gloves, 2nd Set of gloves and perform buddy check

Team Huddle and Case Synthesis

Safety Check to ensure competence and confidence

Airway plan

Set up ventilator
with Ideal Body Weight ARDS settings

BVM assembly completed and attached to
high flow O₂

Apply BVM with tight 2 handed grip with 15L O₂ for 3
min – minimise ventilation

Intubation with Bougie – 30 sec drills

If failed – BVM with tight 2 handed grip – low
volume ventilation

Move to Front Of Neck Access (FONA) position

If cannot oxygenate through LMA – perform FONA

Confirm tube placement with EtCO₂

Liaise with Airway assistant
for safe circuit connection

Insert NGT

Bag CMAC Blade
Dispose of Dirty Consumables

IV access x2 & flush lines
Attach rapid infusion giving set

Optimise patient for intubation

Pre intubation Final Check

Induction and Paralysis

Open difficult airway box and
populate kit dump

Insert LMA

Ensure safe circuit connection
Stop team if not being safe

Apply and check monitoring
Performs Kit dump of equipment

Suction within reach
Bluey behind patient's head

Place sealable bag on CMAC tower tray

Move to FONA assistant position

Tie in ETT

Liaise with Lead Intubator
for safe circuit connection

Discard Outer Gloves

Start Ventilation

Set up equipment transfer table
Draw up intubation drugs and prepare
post intubation sedation & syringe drivers
Have adrenaline ready in case patient
arrests

NO equipment should be passed directly
between runner & team
Place any equipment needed on transfer
table and team can pick it up from the
table.
Begin documentation.

If LMA inserted – contact Anaesthetics on
#6311 for 'COVID Tube Exchange'

Monitor for any breaches in PPE or
procedures.

STOP team if breaching PPE
STOP team if breaching procedures

Discard outer gloves

Meticulous PPE removal

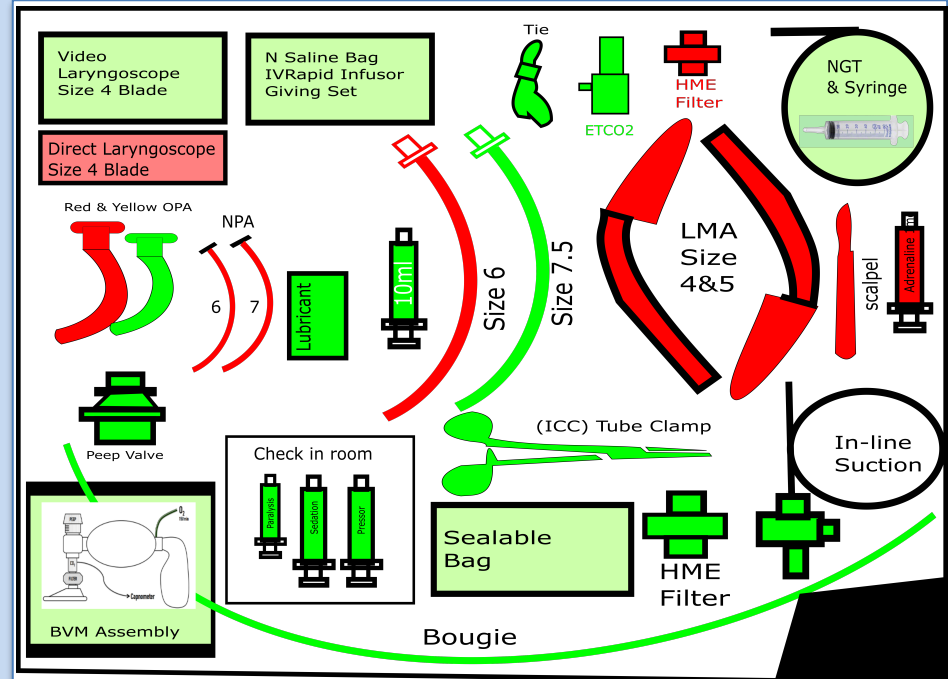
Debrief

Timeline

Equipment and Considerations

❑ Standard Kit (Green Shapes)

- ☐ Yellow Oropharyngeal Airway
- ☐ BVM Assembly
 - ☐ Mask +
 - ☐ BVM +
 - ☐ HME Filter +
 - ☐ EtCO₂ Sensor +
 - ☐ PEEP Valve
- ☐ ETT Size 7.5
- ☐ Bougie
- ☐ Tube Tie
- ☐ Lubricant Sachet
- ☐ 10ml Syringe
- ☐ Video Laryngoscope with Blade 4
- ☐ Sealable bag (such as pathology bag)
- ☐ ICC Tube Clamp
- ☐ In-Line Suction
- ☐ IV Rapid Infuser Giving Set
- ☐ 1000ml N Saline Bag
- ☐ NGT + 60ml syringe + NG Tape



❑ Difficult Kit (Red Shapes)

- ☐ Red Oropharyngeal Airway
- ☐ Nasopharyngeal Airways Size 6 and Size 7
- ☐ Direct Laryngoscope with Blade 4
- ☐ 2nd HME Filter
- ☐ Scalpel
- ☐ ETT Size 6.0
- ☐ LMA Size 4 and Size 5

❑ Considerations for Runner

- ☐ Cannulation and blood letting equipment
- ☐ Paralysis – Rocuronium 1.5mg/kg
- ☐ Sedation – Ketamine 0.5 – 2mg/kg
- ☐ Pressor – Metaraminol 0.5mg/ml
- ☐ Arrest – Adrenaline 1mg/10ml
- ☐ Syringe driver or drivers (maximum 2)
- ☐ Sedation is strongly suggested to be Morphine 50mg + Midazolam 50mg in 50ml of N Saline (1 syringe driver)
- ☐ 2nd syringe driver for inotropes / other infusions if needed