Emergency Intubation Checklist COVID

For TEAM LEADER use prior to every EMERGENCY INTUBATION



Emergency Department

TEAM

All staff in airborne PPE Intubator to double glove Most experienced intubator

- 1. Notify senior ED doctor
- 2. Verbalise indication for intubation
- 3. Allocate roles
- 4. Confirm intubation plan:*
 - A. Initial tracheal intubation attempt: **use cmac**
 - B. Final tracheal intubation attempt
 - C. Rescue plan to maintain oxygenation
 - D. Rescue plan for front of neck access
- **5.** Assign lead for post-intubation debrief
- 6. All non-essential staff out of room
- * see Emergency Intubation Algorithm

PATIENT

- 1. Optimise haemodynamics, consider:
 - Fluid bolus
 - Inotrope/vasopressor
 - Bolus dose vasopressor drawn up
- 2. Optimise pre-oxygenation, consider:
 - 100% FiO₂
 - PEEP via t-piece/add viral filter between t-piece and mask/use 2-person technique
 - Apnoeic oxygenation (NP) limit flow rate to 2L/min
 - Flevate head of bed
- 3. Optimise position, consider:
 - <1 year: towel/trauma mat under shoulders
 - >8 years: towel/pillow under head

If any difficulties anticipated CALL FOR HELP

IV DRUGS MONITORS

- 1. IV access functioning
- **2.** Intubation drugs/dose chosen and drawn up
- 3. Cardiac monitoring
- 4. BP (2 minute cycle)
- **5.** SpO₂
- **6.** EtCO₂
- 7. Post intubation sedation drawn up

EQUIPMENT

- 1. T-piece/face mask checked for leak
- **2.** Suction functioning (vankauer and flexible)
- **3.** Airway equipment template complete
- **4.** C-mac +/- glidescope at bedside/ turned on

After intubation:

- Viral filter between t-piece/ ventilator and ETT
- Inflate cuff prior to ventilation
- Use in-line suction for ETT

Airway Group

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