# Emergency Intubation Checklist COVID

For TEAM LEADER use prior to every EMERGENCY INTUBATION

## TEAM

<table>
<thead>
<tr>
<th>Action</th>
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<tbody>
<tr>
<td>All staff in airborne PPE</td>
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<tr>
<td>Intubator to double glove</td>
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<tr>
<td>Most experienced intubator</td>
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<tr>
<td>1. Notify senior ED doctor</td>
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<tr>
<td>2. Verbalise indication for intubation</td>
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<td>3. Allocate roles</td>
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<tr>
<td>4. Confirm intubation plan:*</td>
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<tr>
<td>A. Initial tracheal intubation attempt: <strong>use cmac</strong></td>
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<tr>
<td>B. Final tracheal intubation attempt</td>
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<tr>
<td>C. Rescue plan to maintain oxygenation</td>
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<tr>
<td>D. Rescue plan for front of neck access</td>
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<tr>
<td>5. Assign lead for post-intubation debrief</td>
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<tr>
<td>6. All non-essential staff out of room</td>
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</tbody>
</table>

* 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**
   - Elevate 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

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

## MONITORS

1. T-piece/face mask checked for leak
2. Suction functioning (yankauer 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

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### Airway Group

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