

PRE-INTUBATION CHECK LIST

■ Assemble **INTUBATING TEAM**

(ALL intubations will assume COVID positive)

Outside the room

■ Double-check **ROLES** allocated at start of shift

AIRWAY

AIRWAY
ASSISTANT

TEAM
LEADER

INSIDE
RUNNER

OUTSIDE
RUNNER



- Determine **need for intubation**,
and ***communicate*** to team

(see over)

- Notify ICU

(to ensure prompt transfer out of department)

NEED FOR INTUBATION

SUSPECTED COVID COMPLICATIONS

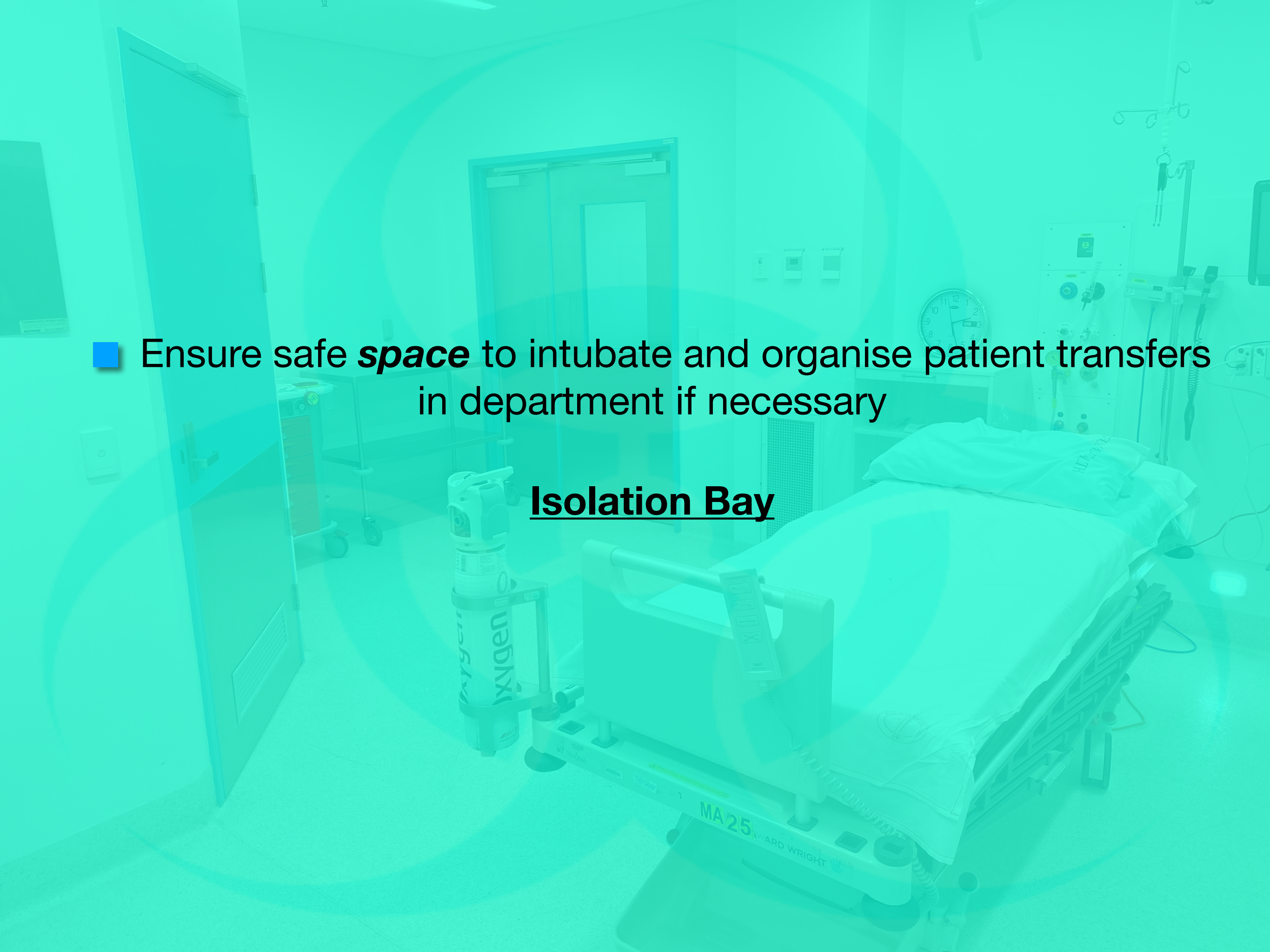
- Hypoxia (sats < 90 % despite maximal oxygen therapy)
- Respiratory fatigue,
- Respiratory failure (hypercapnoea worse than baseline on VBG)
- Haemodynamic compromise

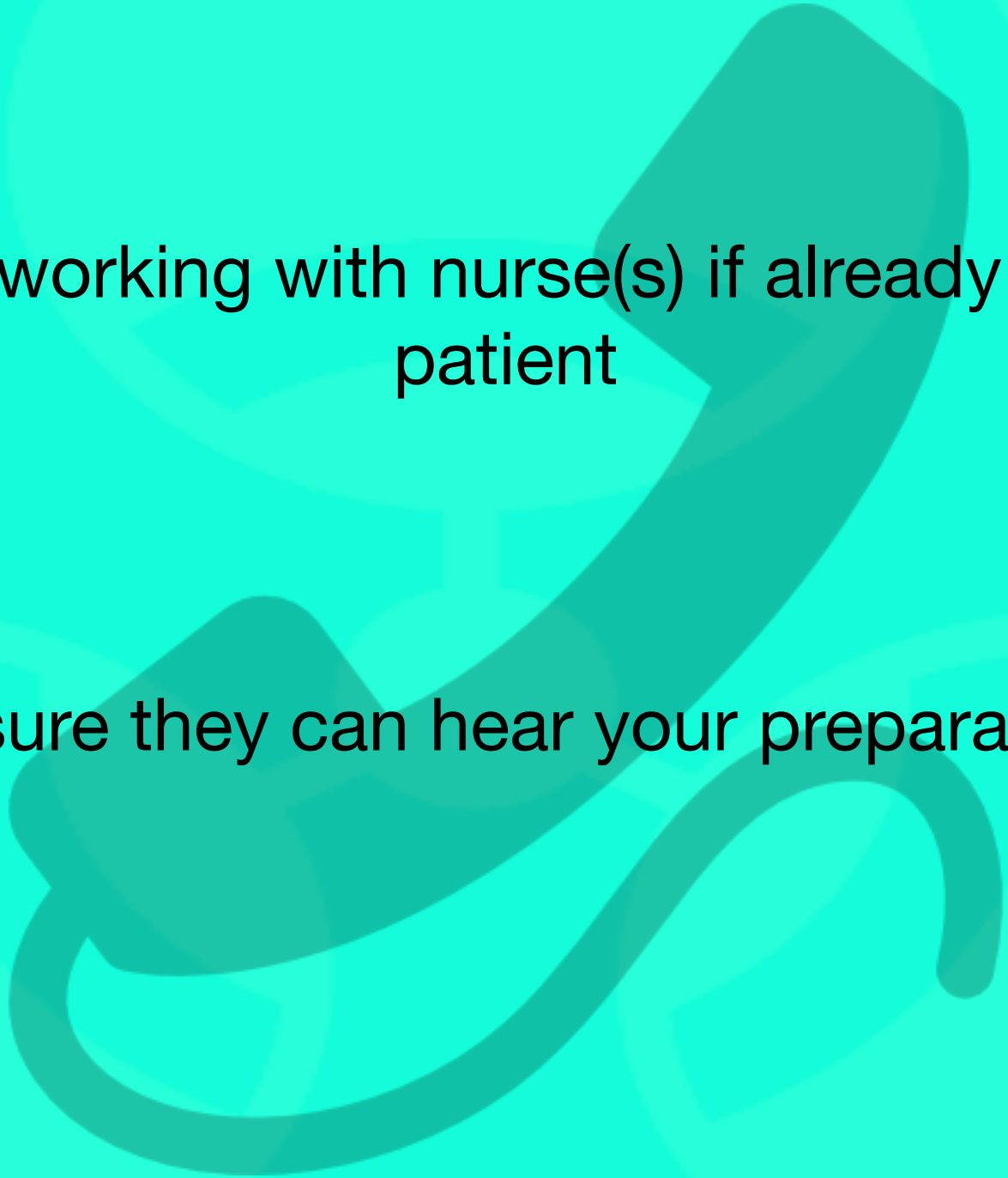
AVOID NIV and HFNP as delays to intubation.

ALL OTHER NON-COVID RELATED REASONS FOR INTUBATION (IE. HEAD INJURY WITH DECREASED GCS)

- Ensure safe ***space*** to intubate and organise patient transfers in department if necessary

Isolation Bay



- 
- Check phone working with nurse(s) if already inside room with patient
 - Make sure they can hear your preparation plans

■ PREPARE THE PATIENT

- Sit up to 45 degrees

- Pre-oxygenate 5 minutes with 15 L non-rebreather

- Obtain IV access x 2, or on entering if not already available

Connect but don't start 1 L normal saline with giving set

- Comprehensive monitoring

ECG, BP set to automate BP recording every 5 mins, O2 sats

- Optimise Haemodynamics if necessary

Fluid bolus or vasopressors

■ PREPARE THE DRUGS

■ Check or confirm known ***allergies***

■ ***Induction drugs*** decided and drawn up

Induction: KETAMINE 1 - 2 mg/kg, 200 mg in 20 mL syringe

Paralysis: Suggest ROCURONIUM 1.5 mg /kg

Can use Suxamethonium: 1 - 2mg /kg

■ ***Rescue drugs*** available

Metaraminol 10 mg in 20 mL syringe

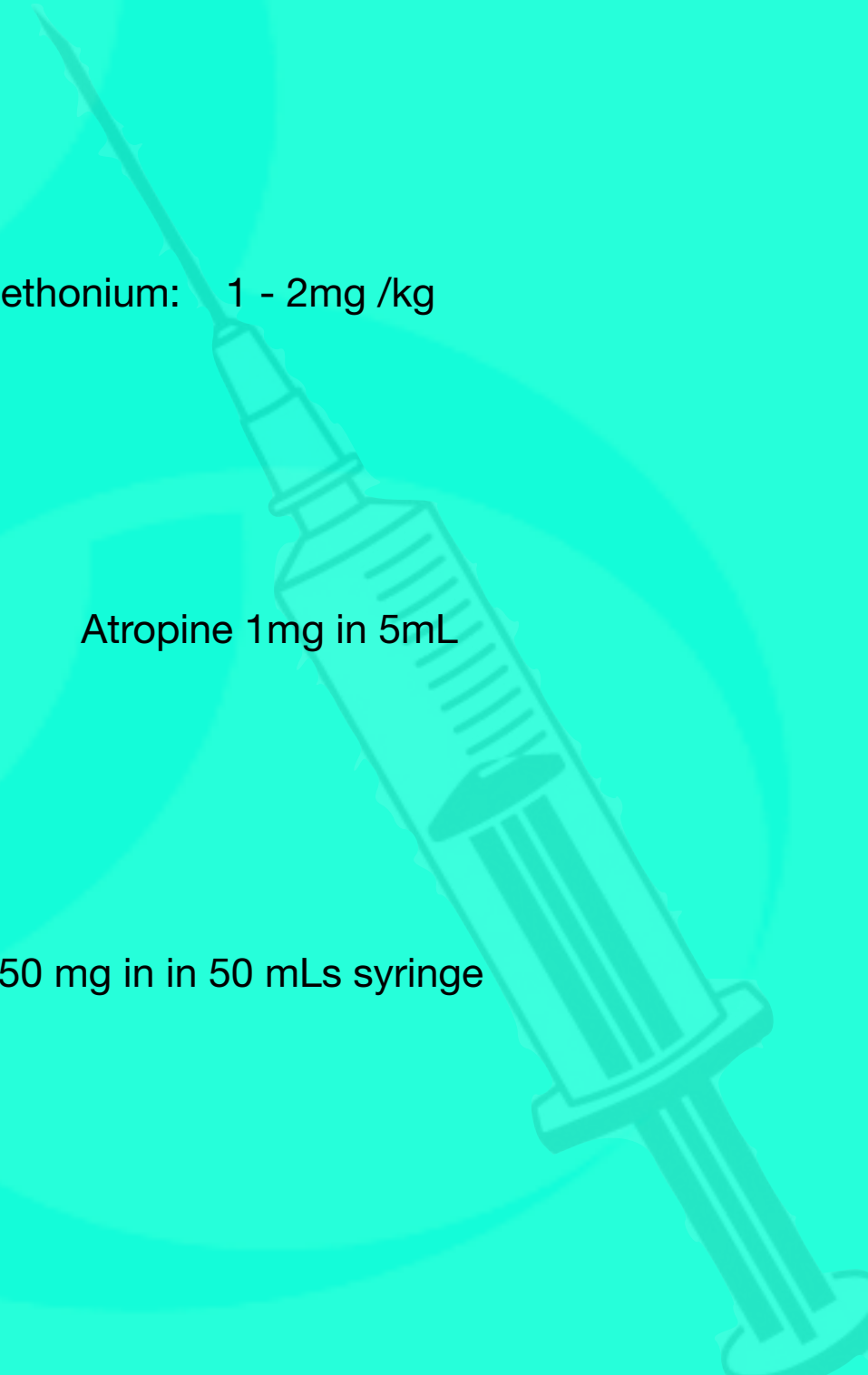
Adrenaline 1mg in 10 mL

Atropine 1mg in 5mL

■ ***Post Intubation drugs***

Sedation maintenance: Fentanyl 500 mcg in 50 mLs syringe, Midazolam 50 mg in in 50 mLs syringe

Paralysis: Vecuronium 10 mg in 10 mLs

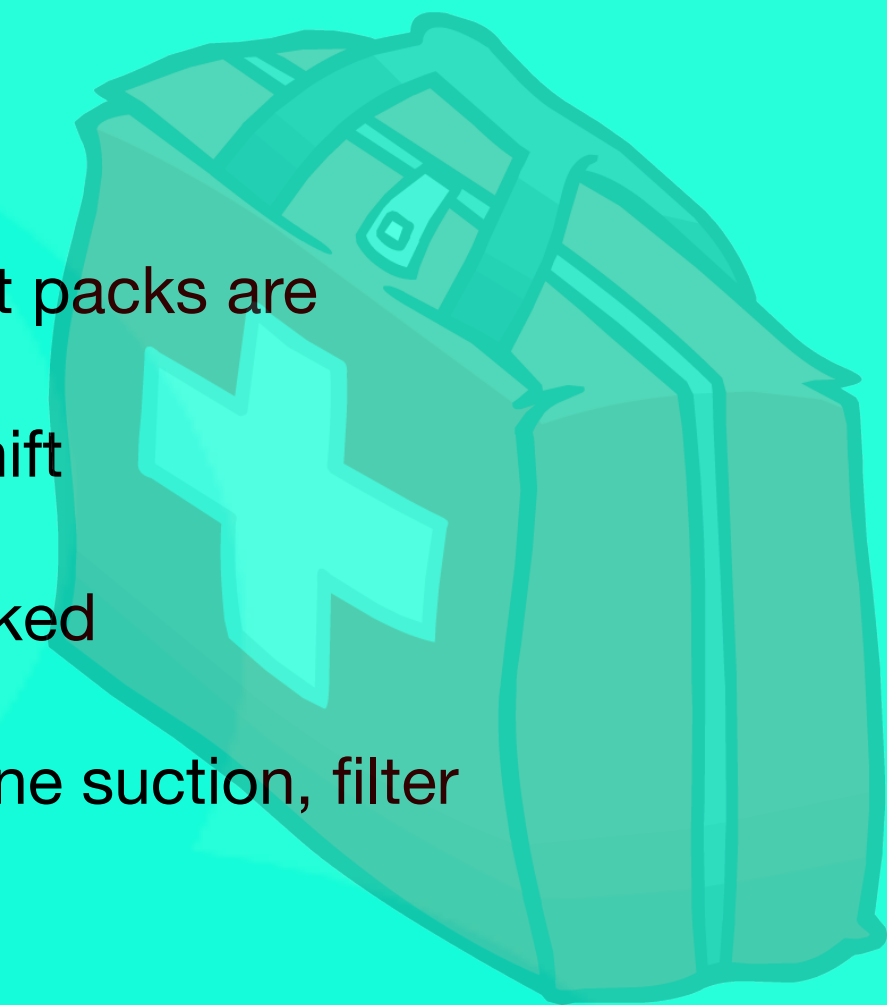


■ PREPARE THE EQUIPMENT

- Check all three (3) grab bag COVID 19 equipment packs are available and been checked at start of the shift
- Video laryngoscope (or hyper-angulated VL) checked
- Ventilator set up with ARDSnet parameters, in-inline suction, filter

Tidal Volume 6 mL/kg, PEEP 10, FiO₂ 100 %, PS 10, Plateau pressure < 30

- Choose tube size and check cuff
- Determine whether using Bougie or stylet
- Get plastic sheets and cradle to support it
- Ties and 10 mL syringes
- BVM with attached (in order) PEEP Valve, EtCO₂, Viral filter, Sized face mask
- Rescue equipment: Sized supraglottic airway and eFONA kit.



■ PREPARE YOUR TEAM WITH THE INTUBATION PLAN

- Re-check everyone clear on roles, especially 2nd intubater
- Which equipment needed to set up once you get inside
- Induction and paralysis drugs, post intubation drugs & doses
- Check IV lines when inside
- Optimise intubation conditions
- What intubator will use first attempt (eg VL with bougie)
- Who will bag patient if airway nurse busy (2 hand BVM)
- IF THE PATIENT GOES INTO CARDIOPULMONARY ARREST, **DO NOT START CHEST COMPRESSIONS** UNTIL THE AIRWAY IS CONFIRMED SECURED

■ **PREPARE YOUR PERSONAL PROTECTIVE EQUIPMENT**

A large, semi-transparent warning sign is centered on the page. It consists of a dark teal triangle with a thick border, containing a white exclamation mark. The background of the slide is a light teal color with faint, overlapping gear icons.

TAKE THE TIME TO GET THIS RIGHT

■ PREPARE YOUR PERSONAL PROTECTIVE EQUIPMENT (DONNING PPE)

■ Wash Hands



■ Put on surgical shoe covers



■ Put on gown



■ Put on N95 mask



■ Perform fit check with buddy

The mask should collapse and expand with breathing

■ Put on surgical hair cover



■ Put on face shield (or goggles if not available)

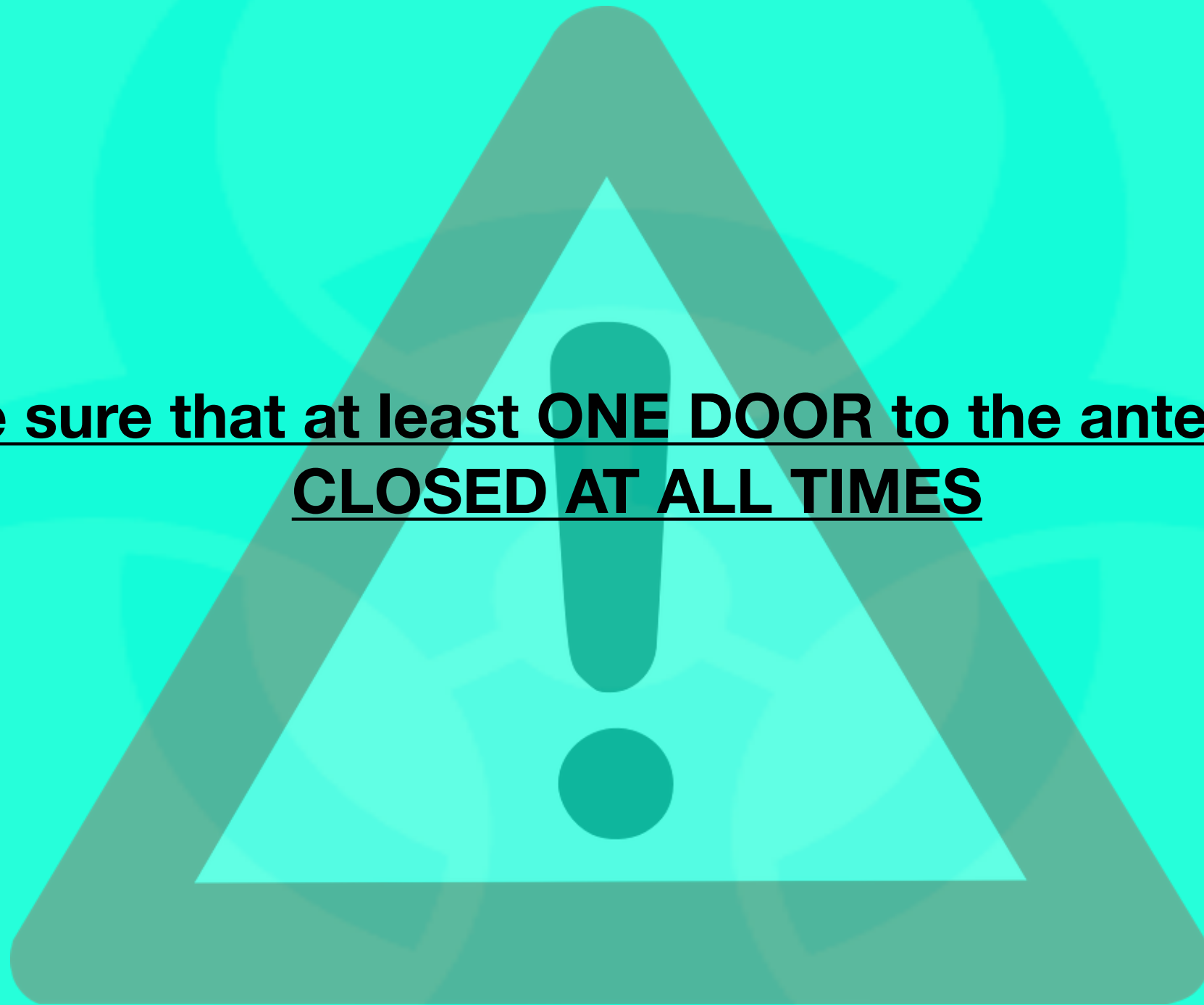


■ Put on gloves (double glove if intubator)



- ENTER the room

**Make sure that at least ONE DOOR to the anteroom is
CLOSED AT ALL TIMES**



Please now use the INTUBATION CHECKLIST