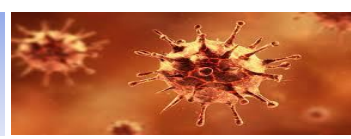


WELLINGTON ED COVID-19 INTUBATION CHECKLIST



Up-to-date
25/3/20



1

2

3

4

MAIN CHANGES FOR COVID

1. Pre-oxygenation – Hold on tight-fitting mask with 2 hand vice grip, ambu-bag, aim to keep flow rate low if possible, HME filter, PEEP valve, etCO₂
2. NO Bag-Mask manual ventilation (including for CPR)
3. NO Nebulisers or NIV
4. NO apnoeic oxygenation

Difficult airway predicted?

- Yes / No and plan
- Anaesthesia notified?

Agitated?

- Consider ketamine for pre-oxygenation

Risk of physiological compromise?

- Yes / No and plan (fluid bolus / vasopressors)

- Allergies?

Collect COVID Airway trolley + Intubation PPE trolley

PREPARE TO TAKE IN

- Airway tray**
Confirm contents with airway tray checklist before entering (e.g. sizes of iGEL and ETT – aim 7.5 female and 8.5 male ETT sizes)
- Drug tray**
 - RSI drugs - Ketamine 1-2mg/kg / Rocuronium 1.2mg/kg
 - Post-Intubation - Propofol & Fentanyl
 - Metaraminol / Adrenaline / Midazolam – on airway trolley
- C-MAC**
- Ventilator + O₂ cylinder**
- IV + extension & normal saline**
- Syringe driver + pump on pole**
- Towels / blankets for ramping**

REMAINS OUTSIDE

- ED COVID intubation trolley (contains surgical airway equipment if needed)
- ED COVID additional equipment trolley

ROLES

INSIDE ROLES

1. Doctor - Most experienced intubator
2. Doctor - Team leader, drugs, 2nd intubator
3. Nurse - Airway assistant & ventilator
4. Nurse - Additional & inside runner

VOICE PLAN outside then:

DON PPE PRIOR TO ENTERING THE ROOM *TOGETHER*

ONCE INSIDE

- **Monitoring**
 - Pulse oximetry and EtCO₂
 - BP (cycling q2 mins) and ECG
- **Drugs & IV**
 - IV access x2
 - IV fluids – Normal saline running
 - Induction agents – Plan
 - Vasopressors – Plan
 - Post-intubation sedation ready?
- **Ventilator ready**
 - Attach tube tie to circuit (below in-line suction port)
- **BVM**
 - Assembled with mask + HME filter + PEEP valve + etCO₂

PATIENT OPTIMISED

- Position – Sit up +/- ramped
- Haemodynamics (fluid bolus, vasopressors)

PRE-INTUBATION

- Pre-oxygenation – 3 mins – Hold on tight-fitting mask with 2 hand grip, ambu-bag, aim to keep flow rate low (6L/min but can titrate up if necessary), HME filter, PEEP valve, etCO₂
- DO NOT USE: NIV or apnoeic O₂**

INTUBATION

- Stop O₂ to ambu-bag BEFORE REMOVING FACE-MASK just prior to laryngoscopy**
 - Plan A: C-Mac / bougie / ETT
 - Plan B: iGEL
 - Plan C: Surgical airway

POST-INTUBATION

- Plan A: Inflate cuff + connect to ventilator **immediately**
- Plan B: If SPO₂ low - bag **w filter & PEEP**
- Confirm ETT - **etCO₂ + chest rise only**
- Secure ETT and start sedation
- Lung-protective strategy on ventilator
- Place NGT
- If ETT detached from vent – CLAMP ETT and disable ventilator whilst re-attaching**

- **1 NURSE REMAINS**
- **FAMILY NOT TO ENTER ROOM**