Emergency tracheal intubation checklist
COVID-19

OUTSIDE ROOM

- Consents- Signed if applicable
- PPE – be thorough, don’t rush
- Wash hands
- Buddy with checklist
- Put on PPE
- Gown
- PAPR (N-95 if not available)
- Gloves- Double Glove
- Eyewear
- Headwear and shoe covers
- Final buddy check
- Names on gown

- Allocate roles:
  A: Team leader and intubator
  B: RT- Cricoid force and intubator’s assistant
  C: RN- Drugs, monitor, other
  D: Runner (outside)

- How does runner contact further help if required?

INSIDE ROOM

- Check Airway Supplies
  - BVM with HEPA Filter
  - Difficult Airway Cart Available
  - Oral airways #9, #10
  - Working suction/Yankauer
  - Video Laryngoscope
  - Bougie
  - Stylet
  - Tracheal tubes 6.5, 7.5
  - 10ml Syringe x2
  - Tape
  - Tube clamp
  - LMA #3, #4
  - Scalpel and Chloraprep

- Do you have all the drugs required?
  - Propofol/Etolmidate/Ketamine
  - Muscle relaxant
  - Phenylephrine/Ephedrine Syringe
  - Maintenance sedation
  - Alaris Pump

- Weight and Allergies?
- Central Line supplies: CVL kit, sterile gloves, ultrasound + probe cover, drape for U/S
- Art Line Supplies: Arrow kit, transducer, tape, armboard, local aneisth

- If the airway is difficult, could we wake the patient up?

- VERBALISE the plan for a difficult intubation?
  Plan A: RSI
  Plan B: 2-handed 2-person mask ventilation
  Plan C: LMA
  Plan D: Cricothyroidotomy; scalpel-bougie-tube

- Confirm agreed plan
- Does anyone have any concerns?

- Airway assessment
  - Mallampati, neck, mouth opening
  - Identify cricothyroid membrane

- Apply monitors
  - Waveform capnography
  - Spo2
  - ECG
  - Blood pressure

- Checked i.v. access

- Optimise position
  - Consider ramping or reverse Trendelenburg
  - Firm mattress

- Optimal pre-oxygenation
  - ≥ 5 min or ETO2 > 85%
  - (No NIV, no HFMO)

- Optime patient condition before tracheal intubation
  - Fluid/vasopressor/ inotrope
  - Aspirate nasogastric tube
  - Now proceed

AFTER AND LEAVING

- Airway management
  - Inflate cuff before any ventilating
  - Check waveform capnography
  - Push/twist connections
  - Clamp tracheal tube before any disconnection
  - Avoid unnecessary disconnections

- Other
  - Arterial Line if indicated
  - Central Venous Line if Indicated

- Careful equipment disposal
- Decontamination of reusable equipment

- Remove PPE
  - Observed by buddy
  - Use checklist
  - Meticulous disposal
  - Wash hands

- Complete Documentation and orders