Safety of the health care team is paramount and during a pandemic, health care worker safety is prioritised over the patient. Effective communication is key.

Drs K Romano, N Chima, E Watson, J Atherstone, J Lohser on behalf of Departments of Anesthesia and Critical Care VGH

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Intubation Checklist for Suspect and Confirmed Cases of COVID-19

Intubation Goals

1. Minimise Aerosol Exposure:
   - RSI (avoid BMV)
   - Inflate Cuff Prior to Ventilation
   - Clamp ETT Before Circuit Disconnection

2. Minimise Waste:
   - Rationalise Kit

Equipment

Intubation Bag:
- ETT (EVAC) w/ Stylet
- Syringe & Gel
- Videolaryngoscope + Blade
- Anchorfast or Tie
- ETT Clamp
- Flex-Tube
- In-Line Suction

Drugs:
- Ketamine 200mg
- Rocuronium 200mg
- Phenylephine 100mcg/ml - 2 syringes
- Propofol infusion
- Norepinephrine Infusion
- Additional drugs available on request

Crash Bag:
- Bougie
- ETT 6.5, 7.0, 7.5, 8.0
- Alternate VL Blades
- X Mcgrath Blade
- LMA 3 & 4 & 5
- DL MAC 3 & 4
- Cricothyroidotomy Set
- ACLS Drug Box + Defibrillator

Anteroom Bag:
- Plan B Kit (Assembled during brief from Crash Bag)

Team Brief (Lead by Anesthesia)

1. Team Introduction & Assign Roles
2. Patient Allergies/Consent/Code Status
3. Empty Pocket Check
4. Review Intubation Plan & Prepare Kit
   - Plan A/B/C
   - RSI Sequence & Drug Dosing Recommend 1-2mg/kg Ketamine, 1.5 mg/kg Rocuronium
   - Prepare Intubation Bag & Drugs
   - Prepare Anteroom Bag from Crash Bag
   - Surgeon notified if Necessary for FONA
5. Room Check
   - Ambu-Bag /OPA/HEPA Filter
   - Capnography
   - Suction + Yankauer
   - > 2 IV Pumps
   - IV Access
   - Ventilator + Closed Suction
   - Plastic Drape
6. Cardiac Arrest: AIRWAY THEN COMPRESSION!

Team Roles:

Intubator/Room Lead
ANESTHESIOLOGIST

Drug Administration
RN

Airway Assistant
RT

Anteroom Runner (PPE ON)
RT or RN

Second RN
(External, Observer/Chart)

Second Intubator
Intensivist
(External)
Intubation Checklist for Suspect and Confirmed Cases of COVID-19

Before Room Entry
- Collect Intubation Bag & Drugs
- Collect Anteroom Bag
- Collect Additional Discussed Equipment (+/- CVC, Arterial Line)
- DON PPE
- Buddy Check

Pre-Intubation
Ready Intubation Equipment
- Videolaryngoscope & Blade
- ETT w/ Stylet & Syringe
- Anchorfast
- Suction
- Ventilator + Closed Suction + Capnography
- Ambu-Bag (No PEEP Valve) + HEPA + Mask + OPA
- Clamp
- Ventilator preset on stand-by

Check Patient
- Position
- Monitors
- IV Access
- Prepare Infusions

Check Patient
- Review Intubation Plan
- Address Concerns
- Reinforce Key Points to Minimize Exposure:
  - Avoid BMV if possible
  - Tolerance of Hypoxemia
  - Clamp ETT for Circuit Disconnect

Intubation
- PRE-OXYGENATE 3-5 MIN W/ AMBU-BAG
- RSI
- TIME 60S + DRAPE

PLAN A
- CALL FOR ANTEROOM BAG
- (+/- SECOND INTUBATOR)
- (+/- EXTERNAL CRASH BAG)

FAIL
(Alert if Sats < 80%)

PLAN B

PLAN C

End
- Wash Exposed Areas
- Hot Debrief; Critical Points
- Restock and Clean Kit

Post-Intubation
Success
- Inflate Cuff
- Attach to Closed Suction + HEPA + Capnography + Ventilator Circuit
- Confirm ETC02
- Secure Tube
- Initiate Sedation Infusion
- Initiate Ventilation Strategy
- Insert NGT

Before Exit
- Ensure Patient Stability
- Discard Disposables
- RT Clean videolaryngoscope then hand off to Anteroom for second clean
- DOFF PPE with Observer