Emergency Intubation Checklist COVID

For TEAM LEADER use prior to every EMERGENCY INTUBATION

The Royal Children's Hospital Melbourne

Emergency Department

TEAM

All staff in airborne PPE

Intubator to double glove

Most experienced intubator

1. Notify senior ED doctor
2. Verbalise indication for intubation
3. Allocate roles
4. Confirm intubation plan:*
   - A. Initial tracheal intubation attempt: **use cmac**
   - B. Final tracheal intubation attempt
   - C. Rescue plan to maintain oxygenation
   - D. Rescue plan for front of neck access
5. Assign lead for post-intubation debrief
6. **All non-essential staff out of room**

* see Emergency Intubation Algorithm

PATIENT

1. Optimise **haemodynamics**, consider:
   - Fluid bolus
   - Inotrope/vasopressor
   - Bolus dose vasopressor drawn up
2. Optimise **pre-oxygenation**, consider:
   - 100% FiO_2
   - 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 MONITORS

1. IV access functioning
2. Intubation drugs/dose chosen and drawn up
3. Cardiac monitoring
4. BP (2 minute cycle)
5. SpO_2
6. $EtCO_2$
7. Post intubation sedation drawn up

EQUIPMENT

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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