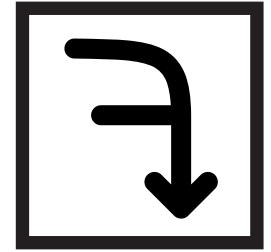



COVID-19 Intubation Checklist






This approach aims to:

- *Minimise aerosolisation of pathogens.*
- *Minimise exposure of pathogens to airway operators.*




→ SET UP

- Right room
-  Three core roles identified
 1. Most experienced airway proceduralist
 2. Airway assistant
 3. Team leader/drugs administrator/in-room assistant
 4. Outside runner.
- Airway strategy defined and shared
- Essential equipment + inline suction + ETT clamp
- Don PPE including gown, goggles, mask, hat, and gloves
- Pre-medication given if deemed necessary

▶ DO

- Pre-oxygenation
- Drugs  for RSI (aim for no manual ventilation)
- Stop high flow 
- Intubate
- Cuff up
- Close circuit 
- Confirm ETCO₂
- Secure ETT


→ NEXT

- Dispose of all non-reusable equipment in clinical waste bin inside room 
- Clean all reusable equipment using S7 
- Doff PPE **except mask**
- Exit room with cleaned reusable equipment, doff mask, perform hand hygiene, handover, and document 
- Team debrief

COVID-19 Intubation Checklist

Additional pointers

The most **experienced airway practitioner**, should be the nominated airway proceduralist. The aim is intubation on the first attempt.

A **filter** should be between the face- mask and the chosen breathing circuit (circle suggested if in operating theatres). 

Aim for no manual face-mask ventilation (i.e. traditional RSI) once medications are given.

- **Optimise preoxygenation** with ideally at least 3 minutes of preoxygenation with a continuous seal maintained and a spontaneously ventilating patient.
- **Maintain the seal** after administration of the chosen induction agent and muscle relaxant. If the patient is unable to tolerate brief apnoea, consider gentle face-mask ventilation. If undertaking face-mask ventilation, consider maintaining the seal with a **2-hand mask hold** technique while a second person squeezes the bag.
- Start ventilating **only after the cuff is inflated**.

Attach inline suction immediately.

Clamp the tube for any required disconnection.