



# NETS COVID-19 INTUBATION CHECKLIST (Challenge and Response)



## SET UP (Outside patient room)

### 4 Core Roles Identified

- 1) Most experienced airway proceduralist
- 2) Airway assistant
- 3) Team leader/drugs administrator, in-room assistant
- 4) Outside runner
- Discuss Airway Strategy Plan

### Ventilation Equipment

- Appropriate viral filter –Bact-trap (wet)/ HME (dry)
- Ventilator set up and checked: circuit+ ETCO<sub>2</sub> + viral filter + in-line suction (ETT end)
- 2nd viral filter on exhalation valve/housing.
- Ventilator standby/off, test lung detached & circuit covered

### Intubation Equipment

- Anaesthetic bag/self-inflating bag+ viral filter+ mask
- Cuffed ETTs correct size & ±0.5mm; lubricant, bougie/ introducer + gauze, cut tapes, 5ml syringe, cuff manometer, ETT clamp, Magill's forceps and sterile drape
- Laryngoscope/videolaryngoscope + blades
- LMA & Guedel Airway
- Suction catheter for oropharynx
- Gastric tube and syringe
- Small clear biohazard bag
- Induction drugs, vasopressors, fluid bolus and continuous infusions (incl. sedation & paralysis)
- +/- Equipment for 2nd PIVC
- PPE donned (contact + airborne) & buddy checks

## INTUBATION (Inside patient room)

- NETS doctor –first look examination
- System connected (gases & power)
- Monitoring applied (ECG, SpO<sub>2</sub>, BP & ETCO<sub>2</sub>)
- IV access patent; Haemodynamics optimized (volume expansion, vasopressors PRN), 2nd PIVC
- Suction tested & catheter attached
- Intubation equipment set up for easy access
- If on face mask CPAP, increase O<sub>2</sub> to 100%
- Otherwise place anaesthetic bag+ viral filter+ mask on patient
- Two handed tight seal technique
- Turn O<sub>2</sub> flow on to maintain PEEP
- Patient position optimized for intubation.
- Confirm ready for intubation
- Induction at: \_ \_ / \_ \_
- Induction agents, confirm muscle relaxation
- Gas flow off to bag/mask circuit
- Intubate, ETT position (cm) cords \_ \_ \_ \_ lips \_ \_ \_ \_
- Cuff inflated and ensure no leak
- Introducer/bougie out, gauze used to trap secretions. Laryngoscope out
- Connect to ventilator without bagging, turn ventilator on
- Confirm good ETCO<sub>2</sub> trace, chest excursions
- Secure ETT
- Insert gastric tube
- Call for XRay

## AFTER INTUBATION

- Dispose of all non-reusable items in clinical waste bin outside room
- Double bag and seal equipment for inhalation and CSSD cleaning (biohazard/COVID-19)

### Troubleshooting

#### If disconnection is required from the ventilator:

- Turn ventilator off at end of expiration
- Clamp ETT
- Ensure viral filter always remains between inline suction catheter and chosen breathing circuit
- Disconnect ventilator circuit
- Connect ETT+ inline suction+ viral filter + ETCO<sub>2</sub> to bagging circuit
- Unclamp ETT, turn on gas flow, do procedure then gas flow off, clamp ETT
- Reconnect ventilator, unclamp ETT, ventilator on
- Adjust ventilator settings if needed

#### If disconnection is required from bagging circuit with viral filter only

- Turn gas off at end of expiration
- Clamp ETT
- Disconnect ETT without filter
- Connect ETT to in-line suction+ viral filter +ETCO<sub>2</sub> + ventilator circuit
- Unclamp ETT
- Turn ventilator on
- Adjust ventilator settings if needed