

# UHG ED COVID19 PRE-INTUBATION CHECKLIST 31/3/20

## COMMUNICATE

- Patient: assess
  - Airway, Allergies
- ICU: early referral
- Anaesthetics: CALL EARLY if difficult airway

## EQUIPMENT

### Equipment (Bag A)

- Bag-Valve-Mask *WITH FILTER ATTACHED*
- Suction SET
- 2x ETTs
- Videolaryngoscope
- Back-up laryngoscope
- Bougie / Stylet
- Syringe, Lube, Tie, Tape
- Tube clamp
- PEEP valve
- 14G NGT + bag
- Capnograph tubing

### Suggested Drugs

- Ketamine (0.5-1mg/kg)
- Rocuronium (1.5mg/kg)
- Metaraminol (0.5mg/ml)
- IV Saline & pump pack
- Sedation (Morphine + Midazolam)

## SAFETY

### Hand Hygiene and PPE

- Gown
- N95 Mask (Fit check)
- Goggles +/- Face shield
- Hat
- Gloves

DON & DOFF  
METICULOUSLY WITH  
BUDDY

## TEAM

### Allocate roles: Hot Zone

1. Intubating doctor (most experienced)
2. Drugs Doctor
3. Airway Assistant

### Cold Zone

4. Runner (Airborne precautions)
5. Scribe +/- 2nd Runner (Surgical Mask + gloves)

## PATIENT

### Check Monitoring

- ECG
- Blood Pressure
- Pulse Oximetry
- Capnography

### Other Prep

- Shave beard
- IV Access x2

### Pre-Oxygenation

- Patient at 45 degrees
- Bag-Valve-Mask *WITH FILTER IN LINE*
- 2 Hand technique
- Maintain barrier over patient's airway
- 5 minutes continuous oxygenation

### AVOID:

- NIV
- High Flow Nasal O2
- Apnoeic Oxygenation
- Manual ventilation

## AIRWAY PLAN

### RSI recommended but consider Plan A

- Videolaryngoscopy, ETT over bougie

### Plan B

- LMA

### Plan C

- Bag-Valve-Mask + Guedel (2 hand technique)
- Re-attempt intubation

### Plan D

- Surgical Airway

**"Bag BCD" outside room**

### Post Intubation

- Turn over to see Post Intubation checklist - Scribe/runner to read out

## Immediate Post Intubation Checklist (to be read out by drugs doctor)

- Remove bougie **slowly**
- Inflate cuff
- Attach Bag-Valve with Filter in-line
- Turn on O2 to Bag-Valve to maximum
- Commence Manual Ventilation
- Apply PEEP valve at 10cmH2O
- Secure tube with tie and tape
- Raise head of bed to 30 degrees

### To Connect to Ventilator

- Ventilator on standby
- Clamp ETT
- Turn off O2 to Bag-Valve
- Remove Bag-Valve, leaving filter on ETT
- Attach ventilator via filter
- Remove Clamp from ETT
- Turn on ventilator

## Ventilator Settings

	Mode	Tidal Volume	Resp rate	FiO2	PEEP	Peak Inspiratory Pressure
<b>Start with:</b>	SIMV	6ml/kg estimated body weight	16	100%	10cm H2O	<30cmH2O
<b>Adjust as required</b>		6-8ml/kg to maintain pH >7.2	Adjust to target pH>7.2	May reduce if able to maintain SO2>90%	Up to 15cm H2O to maintain SO2 >90%	

### Further Management

- Sedate deeply
- Consider Paralysis if dyssynchronous
- Place NGT and Aspirate Stomach
- Arterial Line +/- CVC
- Consider deferring CXR until ICU
- Avoid any further circuit disconnections