East Suffolk and North Essex
NHS Foundation Trust

Emergency tracheal intubation checklist
COVID - 19

Personal Protective Equipment → Prepare equipment → Prepare for Difficulty → In the Room → Post-procedure and Safety

OUTSIDE ROOM

Confirm ICU bed

Start out-of-theatre anaesthetic chart

Outside the room

PPE:
- be thorough, don't rush
- wash hands
- Buddy with checklist
- Put on PPE
  - Long sleeve gown
  - FFP3 (or equivalent) mask
  - Gloves
  - Eyewear
  - Theatre hat
  - Wipeable shoes
- Final buddy check

Allocate roles:
- A: Team leader and intubator
- B: Cricoid force and intubator's assistant
- C: Drugs, monitors, timer (communicate with runner)
- D: Runner (outside)

Decide who will do eFONA

How does the runner contact further help?

055 can be contacted to call ICU consultant if required

Check kit
- Mapelson C **with HME attached** (preferred to BMV)
- Catheter mount
- Guedel
- Working suction
- Glidescope (+blade according to intubator's preference)
- Glidescope reusable stylet (CSSD)
- Bougie
- Subglottic suction endotracheal tube
  - 8 male
  - 7 female
- Ties and syringe
- Closed suction system ready
- Tube clamp
- NG feeding tube
- Venous cannulation equipment

Immediately available outside the room
- Spare endotracheal tube (size down)
- Laryngoscope with size 4 blade
- iGel
- Emergency front-of-neck-access
- Adrenaline mini-jet

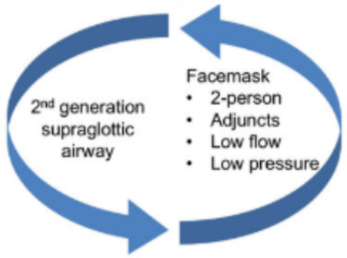
Allergies ?
Weight ?

Drugs:
- Induction agent (Propofol / Ketamine)
  - Confirm dose:
- Rocuronium - confirm dose:
- Metaraminol - confirm dose:
- Saline flushes
- Prepare maintenance sedation

If the airway is difficult, could we wake the patient up?

VERBALISE the plan for difficult intubation

Plan A: RSI
Plan B/C: 2-handed 2-person BMV & 2nd SGA



Plan D: e.g. Front of neck airway: scalpel bougie tube

INSIDE ROOM

Airway assessment
- Re-evaluate: Is intubation anticipated to be difficult? Confirm plan.
- ODP to identify cricoid

Can patient condition be optimised before intubation?
- Fluids (Caution)
- Vasopressor / inotrope

Apply monitors
- Waveform capnography
- SpO2
- ECG
- Blood pressure

Check IV access x2

Optimise position
- Consider ramping / head-up

Optimal pre-oxygenation
- 3 min or EtO2 > 85%
  no NIV, no HFNO

Now proceed

AFTER AND LEAVING

Airway management
- Inflate cuff before any ventilation
- Attach closed-suction system
- Check waveform capnography
- Push / Twist connections
- Avoid unnecessary disconnection

Other
- Insert NG tube (with Glidescope)

Careful equipment disposal in room

Prepare equipment for transfer
- Monitor
- Glidescope
- Stylet (decontaminate & return to CSSD)
- Facemask / Guedel
- Drugs
- Maintenance sedation

Cover patient and equipment with large drape

Remove PPE in ICU
- Observed by buddy
- Use checklist
- Meticulous disposal
- Wash hands

Clean room after 20 minutes
- Runner to collect airway trolley from ward
- ODP to restock trolley

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