## Protected Airway Checklist

### OUTSIDE THE ROOM

- **Review prior to entering room**
  - Assemble the Team
  - Structured team pre-brief
  - **PLAN A (Recommended):** Videolaryngoscopy
  - **PLAN B:** As per intubation team (consider bringing plan B equipment inside patient room)
  - **PLAN C:** Rescue (e.g., Bougie-assisted cricothyrotomy)

- **PREPARE as much as possible outside of the room**
  - Drugs **PRE-DRAWN** (consider reducing doses in elderly / shock patients)
  - Airway Equipment (e.g., in-line/filter/CO2 detector)

- **Gather Equipment (see Protected Airway Equipment Checklist on the back)**

- **PPE - Be thorough / Don’t rush - ”take four controlled breaths prior to entering the room”**
  - “Buddy system”

### INSIDE THE ROOM

- **Airway Assessment**
- **Apply Monitors and Set Alarms**
- **Check IV access**
- **Optimize Position**
- **Optimal PRE-OXYGENATION**
  - Apply NRB (ideally HiOX/TAVISH)
  - Use well-fitted mask
  - Avoid BMV ventilation (if needed: 2-person, 2-hand technique)
- **Optimize PATIENT CONDITIONS**
  - Fluids & vasoactive agents prior to induction
  - If OGT/NGT present, aspirate gastric content

### HIGH RISK

- **Consider nasal prongs for apneic oxygenation (6 L/min)**
- **DO NOT use ORAL AIRWAY**
- **RAPID SEQUENCE INTUBATION (RSI) RECOMMENDED**
- **Check the clock! (avoid cough at all cost; allow paralytic agent to work)**

### INTUBATION

- **NO MANUAL VENTILATION** until ETT cuff inflated
- **IMMEDIATELY CONNECT ETT to IN-LINE/FILTER/CO2/BMV-VENTILATOR**
- **AVOID UNNECESSARY DISCONNECTIONS**
- **NO AUSCULTATION** to confirm ETT placement

### POST

- Hemodynamic support, sedation and analgesia
- Obtain ETT sample +/- NP swab
- OGT/NGT insertion
- Consider arterial line, CVC, Foley
- Portable CXR only when logistically feasible

### DEBRIEF

- Need for TRANSPORT?
- **CLEAN UP**
- **DOFFING** - Don’t rush & “Buddy System”

- **RELAX**

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