

Granular COVID Protected Intubation Checklist v1.0

This checklist is designed to be read, item by item by the intubater's assistant. They should be standing at least 6 feet from the patients head until a cuffed ETT and viral filter is in place.

Things to Gather

- CMAC Pocket Set-Up or McGrath
- Blade for CMAC or McGrath
- If hyper-angulated blade chosen: Storz Stylet
- COVID Intubation Pack
- 1 Pair Sterile Gloves
- 1 Pair Extended cuff gloves
- Plastic Gown
- Surgical Gown
- NIPPV Mask (In appropriate patient size)
- 3" Tape
- Intubation Meds
 - Ketamine
 - Paralytic
 - Push-Dose Epi
 - Propofol Drip
- Procedure Table

Prepare Intubation Supplies

1. Remove BVM from packaging
2. Expand the BVM
3. Put the two masks in the big plastic bag
4. Find and attach the PEEP valve
5. Set the PEEP Valve to 10
6. Attach EtCO2 adaptor to BVM
7. Attach Multipurpose adaptor to ETCO2 adaptor
8. Attach extra O2 tubing to multipurpose adaptor
9. Put BVM set-up into big plastic bag
10. Place viral filter on blue stem of NIPPV mask (or if using BVM mask, attach viral filter to BVM and then attach mask to viral filter)
11. Give face visor to your partner who is coming into room with you
12. Open inline suction, attach corrugated tubing and remove green spike, make sure suction is fully pulled back into sheath
13. Attach HME to other end of corrugated tubing
14. Place this inline suction set-up back into big plastic bag

15. Remove ETT securing device from packaging and place into big plastic bag
16. Remove Stryker hood, if not using, put aside to give back to Candice

Set-Up Laryngoscope (CMAC)

1. Mount camera to screen
2. Place blade on device
3. Place plastic bag over screen
4. Fold screen to left side of handle with screen facing handle and verify screen has turned off
5. Tape bag around handle leaving a tab of folded-over-tape to allow easy removal
6. Place CMAC set-up into bag

Set-Up Laryngoscope (McGrath)

1. Place blade on device
2. Place plastic bag over screen
3. Tape bag around handle leaving a tab of folder over tape to allow easy removal
4. Place McGrath set-up into bag

Donning PPE

Rest of Donning Checklist pending

- Tape gown to cover PAPR blower

Comms

- Have your inside partner, call your outside buddy on their cell phone and place it in their pocket on speaker

Enter the Room

Nursing/Resident should be in corner at least 6' from patient's head until cuffed ETT with viral filter is in place

1. Put NIPPV mask on the patient with viral filter
2. Attach BVM Oxygen to wall @ 20 L
3. Attach supplemental Oxygen to wall @ 6 L
4. Put procedure table on patient's right side of the bed
5. Open Airway Box
6. Take out Size 8.0 ETT, attach syringe, test cuff & place on table.
7. Take out scalpel & iGEL and place on table
8. Close box & remove it from table-top
9. Remove CMAC from intubation bag - Open screen, & place on table. If using McGrath, push on button and place on table
10. Open bougie & place on table
11. Place in-line suction set-up on table
12. Place BVM mask on table
13. Set up ETT securement by removing the 3 stickers & fix straps. Place on table

14. Check Wall Suction Setup – Place yankauer on upper right corner of bed
15. Attach ET CO2 tubing to monitor
16. Position patient (Ears to sternal line, face parallel to ceiling)
17. Ensure vascular access patent

Induction

1. Hand the doctor ketamine and paralytic
2. If using ROC, push Roc 1st immediately followed by Ketamine
3. Perform Thumb Forward Grip on mask & pull jaw into mask
4. Wait for 60 seconds after meds were pushed.
5. Ensure patient is fully paralyzed
6. Partner should monitor BP/SpO2
7. Unplug multipurpose adaptor from ETCO2 Adaptor (this dumps pressure in the system)
8. Remove mask
9. Proceed with Intubation

Failed Intubation/Reoxygenation

1. If you fail intubation, attempt to place iGEL & Bag with the Viral filter
2. If that fails - perform Surgical Airway

Successful ETT placement

1. Remove Bougie with gloved hand cupping ETT top.
2. Inflate cuff
3. Note depth of tube
4. Attach suction / HME setup tightly
5. Attach Viral Filter with BVM
6. Attach ETCO2 tubing to ETCO2 Adapter
7. Ventilate patient to confirm ETCO2 waveform – STATE OUT LOUD – “EtCO2 return may be delayed due to viral filter”
8. Call RT into room with the ventilator
9. When RT arrives in room have RT secure tube with ETAD tube securement device
10. Confirm tube is still at the same depth as when you intubated
11. Have RT remove any additional viral filter / HME from Vent Circuit and save them
12. When RT is ready to hand you the vent circuit - disconnect BVM from ETCO2 Adapter and connect circuit tightly
13. Vent settings should be given to RT
14. Check SpO2
15. Push/Twist all connections
16. Place NGT while still in full protective garb

Extra Stuff

These steps can be performed now or you or resident may come back and perform them later as patient is now low risk causing staff exposure

1. Place central line
2. Place arterial line

Doffing

1. Perform In-room Doffing (Remove PAPR Plastic Bag, Remove Outer gloves)
2. Grab laryngoscope
3. **Exit through brown door**

Intubation PPE Doffing Checklist

Buddy to Bring Cleaning Spray Bottle, Cloth Wipes, Large Chuck, gloves, wipes for laryngoscope

Move to the Outside Corridor if you used Room 4 in Critical or to just inside the doorway in other rooms

- Make sure your Doffing Buddy is ready to observe
- Have buddy lay out chuck on floor to use as clean area
- Remove Outer Gloves
- Perform Hand Hygiene
- Remove Surgical Gown
- Perform Hand Hygiene
- If you used PAPR Hood, remove plastic bag.
- Take plastic bag off CMAC or McGrath and take with you
- Perform Hand Hygiene
- Remove Joint replacement hood

Leave the Room

- Perform Hand Hygiene
- If you used a PAPR hood, disconnect air hose and remove PAPR Hood (Remove PAPR hood on to chuck). Buddy should wipe down an outer portions that may have been contaminated before removal, but plastic bag should prevent this decontamination.
- Perform Hand Hygiene
- Remove PAPR Blower (and untape tubing if you used joint replacement hood). Place blower on the chuck
- Perform Hand Hygiene
- Remove inner gown
- Remove inner gloves
- Perform Hand Hygiene
- Changing Outer Surgical Mask
- You guessed it – Perform Hand Hygiene

Clean Reusable Equipment

- Put on fresh gloves
- Wipe down any equipment (Video Laryngoscope, PAPR blower (bag when cleaned), etc.)
- Consider Cleaning Shoes
- Perform Hand Hygiene