PROTECTED INTUBATION: Pre-brief

INSIDE room
MD-lead  RN 1  RRT

OUTSIDE room
MD 2 (in PPE) RN 2 - charting (in PPE) RN3 (runner)

Safety Officer (MD or TL)

1. ROLE ASSIGNMENT

2. PPE: Extended gloves, BLUE gown, N95, face shield, bouffant cap; INTUBATORS: Double glove & goggles

3. AIRWAY: Intubate ≥6L NP or 40% O₂ via FM
Pre-ox w/ HiOx or BVM with viral filter, NO manual ventilations, RSI, use VL, discuss back up method

4. MEDS & EQUIPMENT: Plan before entry

5. COMMUNICATION: Turn on speaker phone.
Protected Airway Checklist
Version Date March 20, 2020

☑ Pre-brief and PPE check completed
Safety officer prepared to assist

PREPARATION

☐ Intubating MD and RT are DOUBLE-GLOVED (long cuff over short cuff)
☐ Peripheral IVs functioning
☐ HiOX MASK (TAVISH mask) with filter on exhalation port
☐ BVM with HEPA filter, capnograph and in-line suction
☐ Medications PRE-DRAWN for induction, paralysis and hemodynamic support
☐ Waveform CAPNOGRAPHY
☐ Optimize POSITIONING
☐ PLAN A (Recommended): Video laryngoscopy + Mac 3 blade + Bougie
☐ PLAN B: As per intubation team
☐ PLAN C (Rescue): Bougie-assisted cricothyrotomy

PRE-OXYGENATION

☐ Apply HiOx80 (TAVISH mask)
☐ AVOID BVM ventilation; If needed use 2 person, 2-hand technique
☐ DO NOT USE CPAP or BiPAP

INTUBATION

☐ DO NOT topicalize with lidocaine
☐ DO NOT use an ORAL AIRWAY
☐ Consider nasal prongs for apenic oxygenation at 6 L/min
☐ RECOMMEND RSI: ketamine and 0.5-2 mg/kg and rocuronium 0.6-1.2 mg/kg
☐ TO PREVENT COUGH: WAIT 45 s - 2 min for medications to take effect
☐ NO MANUAL VENTILATIONS until ETT cuff is inflated
☐ MINIMIZE DISCONNECTS and consider connecting directly to ventilator
☐ NO AUSCULTATION to confirm ETT placement

POST-INTUBATION

☐ Insert OG/NG tube
☐ Obtain aspirate sample if COVID-19 status unknown
☐ Portable CXR only when logistically feasible (wait > 15 mins post-intubation)
☐ Hemodynamic support, sedation and analgesia infusions set