

Protected Airway Checklist

Version Date March 23, 2020



Pre-brief and PPE check completed

Safety officer prepared to assist

PREPARATION

- Intubating MD and RT are **DOUBLE-GLOVED** (long cuff // long 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**: induction, paralysis, hemodynamic support
- Waveform **CAPNOGRAPHY** functioning
- Optimize **POSITIONING**, consider bed up / head elevated
- PLAN A** (Recommended): Video laryngoscopy + Mac 3 blade + Bougie
- PLAN B**: As per intubation team
- PLAN C** (Rescue): Bougie-assisted cricothyrotomy

PRE-OXYGENATION

- Apply **HiOx** (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 1.2-2.0 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