## **COVID-19 Paediatric Intubation Checklist**



## Preparation: PIPER nurse outside room, PIPER doctor in room, communicate by phone

TEAM	PATIENT	DRUGS	EQUIPMENT
Don't enter room without full airborne PPE  Notify PIPER consultant  Team roles: COVID Flowsheet  Airway doctor most experienced  Airway nurse TSN/experienced nurse  Team leader + Drugs  Scribe nurse Runner #1 with PPE (?driver) Runner #2 not in PPE  PPE champion  If difficult airway likely, call PIPER Consultant, +/- local anaesthetics	Monitor  ○ EtCO2  ○ BP (q1min)  Optimize patient  ○ Airway position  ○ CVS 2 <sup>nd</sup> PIV/ bolus/ inotrope  Pre-oxygenate: 2-5L O2 or FiO2 100% if already on NIV  Connect EtCO2 + viral filter to mask/T-piece/neopuff  Give atropine 20mcg/kg  In room  ○ Suction & cuff manometer	RSI drugs (suggestion)  Paediatrics:  Ketamine 2 mg/kg  Rocuronium 1.5 mg/kg  Neonates:  Fentanyl 5 mcg/kg  suxamethonium 3mg/kg (x2 doses available)  Rescue drugs drawn up  Adrenaline  IV Fluid boluses  Post-intubation sedation plan	Refer to COVID Trolley Map  Guedel  Cuffed ETT (and 1 size down)  Stylet or Bougie  Laryngoscope x 2 (tested)  If C-mac OR glidescope  Set up correct size blade  Curved stylet  5 ml syringe  Cuff manometer  Green clamp  In-line suction  Emesis bag for reusables  Tube tie/tapes  Stethoscope  LMA

## **INSIDE room: After airborne PPE**

Team position: COVID Flowsheet diagram
Double gloves for airway doctor + nurse
Check EtCO2 + viral filter connected to

mask/T-piece Check suction

Check suction

Aspirate **NG** 

Check IV access

Ensure viral filter(s) on ventilator

Test **phone** connection with runner

Verbalize **AIRWAY PLAN** 

**Pre-oxygenate** with T-piece: two - person with tight seal

Minimize peak pressure

A: Best first attempt for airway doctor:

CMAC or direct
Maximum 2 attempts

B: Maintain 02, call help C: LMA D: CICO

## Inflate cuff BEFORE bagging

Use **cuff manometer:** aim pressure 10-20

 $Secure\,tube, remove\,outer\,gloves$ 

**Pause gas flow, Clamp** ETT + insert in-line suction when transferring to vent

**POST-INTUBATION** 

Viral filters for ventilator

**If leak on ventilator ->** increase cuff pressure to max 25, do not deflate cuff

Minimise disconnections from ventilator/bag

If required, pause gas flow, clamp ETT

Do Hand hygiene and change gloves