**Emergency Intubation Checklist COVID**

For TEAM LEADER use prior to every EMERGENCY INTUBATION

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### TEAM

- All staff in airborne PPE
- Intubator to double glove
- Most experienced intubator
- Notify senior ED doctor
- Verbalise indication for intubation
- Allocate roles
- Confirm intubation plan:
  - Initial tracheal intubation attempt: use cmac
  - Final tracheal intubation attempt
  - Rescue plan to maintain oxygenation
  - Rescue plan for front of neck access
- Assign lead for post-intubation debrief
- All non-essential staff out of room

* see Emergency Intubation Algorithm

### PATIENT

1. Optimise **haemodynamics**, consider:
   - Fluid bolus
   - Inotrope/vasopressor
   - Bolus dose vasopressor drawn up
2. Optimise **pre-oxygenation**, consider:
   - 100% FiO₂
   - PEEP via t-piece/ **add viral filter between t-piece and mask/use 2-person technique**
   - Apnoeic oxygenation (NP)
   - limit flow rate to 2L/min
   - Elevate head of bed
3. Optimise **position**, consider:
   - <1 year: towel/trauma mat under shoulders
   - >8 years: towel/pillow under head

**If any difficulties anticipated CALL FOR HELP**

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### IV DRUGS

1. IV access functioning
2. Intubation drugs/dose chosen and drawn up
3. Cardiac monitoring
4. BP (2 minute cycle)
5. SpO₂
6. EtCO₂
7. Post intubation sedation drawn up

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### MONITORS

1. T-piece/face mask checked for leak
2. Suction functioning (yankauer and flexible)
3. Airway equipment template complete
4. C-mac +/- glidescope at bedside/turned on

**After intubation:**
- Viral filter between t-piece/ventilator and ETT
- Inflate cuff prior to ventilation
- Use in-line suction for ETT

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### EQUIPMENT

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