

COVID-19 Neonatal Intubation Checklist

CHECK BEFORE ENTERING THE ROOM

TEAM	PATIENT	IV DRUGS AND MONITORING	EQUIPMENT
<ul style="list-style-type: none"> <input type="checkbox"/> Notify PIPER Neonatal Consultant. <input type="checkbox"/> Identify a 2nd person with neonatal intubation experience where possible. <input type="checkbox"/> Allocate roles <ul style="list-style-type: none"> • AIRWAY DOCTOR • AIRWAY NURSE • TEAM LEADER + DRUGS • SCRIBE • RUNNER #1 in PPE (PIPER driver-outside room) • RUNNER #2 no PPE (outside room) <input type="checkbox"/> Verbalise indication for intubation and intubation plan. <p>AIRWAY PLAN:</p> <p>A: direct laryngoscopy (most senior person)</p> <p>B: call for HELP, tracheal intubation, LMA, bougie, CMAC</p> <p>C: optimise ventilation and oxygenation: LMA or guedel</p> <p>D: emergency tracheostomy if personnel available</p> <ul style="list-style-type: none"> <input type="checkbox"/> Don/ check appropriate PPE 	<ul style="list-style-type: none"> <input type="checkbox"/> Optimise haemodynamics, consider: <ul style="list-style-type: none"> • Fluid bolus • Inotrope support <input type="checkbox"/> Optimise pre-oxygenation, consider: <ul style="list-style-type: none"> • Supplemental oxygen • Non-invasive respiratory support via neopuff using green HME viral filter 	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure IV access is functioning <input type="checkbox"/> Intubation drugs available: <ul style="list-style-type: none"> • Atropine 20mcg/kg (give early) • Fentanyl 5mcg/kg • Suxamethonium 3mg/kg <input type="checkbox"/> Rescue drugs available: <ul style="list-style-type: none"> • Adrenaline • Fluid bolus <input type="checkbox"/> Cardiac monitoring <input type="checkbox"/> BP (5 minutely cycle) <input type="checkbox"/> SpO₂ <input type="checkbox"/> Post intubation sedation drawn up if required. 	<ul style="list-style-type: none"> <input type="checkbox"/> Neopuff <input type="checkbox"/> Green HME viral filter <input type="checkbox"/> ETT (including size up and down) <i>*remember to remove and re-insert the ETT connector to loosen the fit in preparation for in-line suction</i> <input type="checkbox"/> Stylet <input type="checkbox"/> Laryngoscope (tested) with appropriately sized blade <input type="checkbox"/> Suction <input type="checkbox"/> Nasogastric tube <input type="checkbox"/> Magills forceps <input type="checkbox"/> Bougie <input type="checkbox"/> C-MAC, if available <input type="checkbox"/> ETT tapes <input type="checkbox"/> Stethoscope <input type="checkbox"/> Pedicap <input type="checkbox"/> In-line suction <input type="checkbox"/> Clamp <input type="checkbox"/> Ventilator with viral filters <input type="checkbox"/> Guedel <input type="checkbox"/> LMA <input type="checkbox"/> Emesis bag for reusables <input type="checkbox"/> Phone in a zip lock bag

FINAL CHECK IN ROOM

<ul style="list-style-type: none"> <input type="checkbox"/> Patient in the optimal position <input type="checkbox"/> Suction working <input type="checkbox"/> Double gloves for airway doctor and airway nurse <input type="checkbox"/> Aspirate NGT <input type="checkbox"/> Test phone connection with runner <input type="checkbox"/> Verbalise AIRWAY plan 	<p>INTUBATION</p> <p>Proceed to intubation as discussed.</p> <p>Minimise circuit disconnections where possible.</p> <p>Once the ETT is secure, remove outer gloves.</p>	<p>POST INTUBATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> CLAMP ETT, insert IN-LINE SUCTION and connect to the ventilator. <input type="checkbox"/> Un-clamp ETT. <p>Please note that the viral filter at the patient end must be removed from the circuit prior to connecting the in-line suction.</p>
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Set up with Pedicap and Viral filter

Filter connects to ETT then Pedicap is placed between the filter and the ventilator circuit/t piece