

COVID-19 EMERGENCY PHYSICIAN Peri-Intubation Checklist

March 21, 2020

- Use COVID-19 INTUBATION PREPARATION CHECKLIST to prepare room and don/doff appropriate PPE
- Review steps 1 – 3 prior to entering room

1. PLAN

- **PLAN A = ETI via video laryngoscopy**
 - o physician to specify MAC vs hyperangulated and size
 - o 2 attempts MAX
- **PLAN B = King-tube or other EGD** – (ensure adequate seal prior to ventilations)
- **PLAN C = Surgical airway** (scalpel-bougie cric kit; Dual cric kit available outside room)

2. AIRWAY EQUIPMENT

- Ensure equipment available for Plan A, B, C
- Ventilator set to 100% FiO₂ or FiO₂ to SPO₂ > 90% and ARDS settings
- NRB mask 6 L/min (limit flow)
- BVM with viral filter
- Suction set up

3. MEDICATIONS COVID-19 RSI Med Kit

INDUCTION

- Rocuronium 1.5 mg/kg
- Ketamine – dose per provider
- Other meds per provider request (request in advance)

POST INTUBATION

- Propofol infusion
- Norepinephrine infusion
- Phenylephrine bolus
- Fentanyl bolus

4. PRE-OXYGENATION

- Patient sitting up at 45 degrees
- Pre-oxygenate for 5 minutes with BVM with two-handed VICE grip (ensure no leak)
- No apneic oxygenation
- Position patient (sniffing position, ear to sternal notch)

5. INDUCTION

- Consider norepinephrine infusion initiation prior to induction
- RSI to prevent coughing and aerosolization
- High dose rocuronium (>1.5 mg/kg)
 - o faster onset NMB, increase duration paralysis to prevent coughing
- BVM with viral filter and NO ventilations, PEEP valve set to 5
- Two-handed VICE grip (ensure NO leak)
- Tolerate extreme hypoxia

6. INTUBATION

- As per PLAN A, B, C – **MAX 2 attempts for A** (above)
- Maximize distance between intubator and patient by straightening arm holding VL
- Avoid any ventilations until cuff inflated (ensure cuff inflated adequately with cufflator)
- Connect patient directly to ventilator post intubation

7. POST-INTUBATION

- Avoid auscultation to confirm placement – use EtCO₂ and tidal volumes/airway pressures as surrogate
- Intubator to doff outer pair of gloves
- OG to be inserted by AN if present, otherwise RN
- Intubator or EP to insert femoral line (on left to preserve right side for ECMO)
- +/- Placement of art line (ICU or RT) – at discretion of provider
- Ventilate per ARDS net
- Initiate sedation with Propofol infusion and analgesia with fentanyl infusion
- Patient to remain in room for one hour (dependent on room availability)
- Avoid repositioning tube if at all possible
- Use post intubation PPO for all orders above and ensure communicated to bedside RN