

Protected Intubation Checklist V 5.0 4/10/2020



Pre-Brief and PPE check Completed
Safety Observer prepared to assist

Preparation - Outside of Room

- Intubating Doc and RT are **Double-Gloved/Taped**
- Peripheral IVs Functioning
- BVM with **Viral Filter**/In Line ETCO2 assembled
- ETT with stylet ready/tested
- Medications **PRE-DRAWN** for induction, paralysis, hemodynamic support, and post intubation analgesia/sedation
- Wave form **Capnography** unit set
- NG/OG/Foley/Restraints available
- Communication Device **Active**
- PLAN A:** (Recommended): Video Laryngoscopy
- PLAN B:** As per intubation team (LMA available for backup)
- PLAN C:** (Rescue): Bougie-Assisted Cricothyrotomy

In Room Preparation

- Patient Positioned
- Suction Set up
- Ventilator Ready
- AVOID BVM** in apneic period
- Final plan recap

Intubation- To Be Read Prior To RSI Meds Given

- Consider Nasal prongs for apneic oxygenation at 6L/min
- RSI:** Give sedative/paralytic back to back
- TO PREVENT COUGH: WAIT** for medication to take effect
- Pass ETT just to **black line**
- NO MANUAL VENTILATIONS** until ETT cuff is inflated
- MINIMIZE DISCONNECT** and consider connecting directly to ventilator
- Use end-tidal wav form to confirm, recommend against colormetric device
- NO AUSCULTATION** to confirm ETT placement

POST-INTUBATION

- Hemodynamic Re-Check
- Doc places OG, RN-Foley in, Restraints on
- Portable CXR only when logistically feasible (wait >15 min post-intubation)
- Hemodynamic support, analgesia and sedation infusion set

EXIT

- Exit after all clear
- Sterilize hands prior to and after removing PPE**
- Doff under eye of trained observer-Observer must help remove hood
- Proper disposal/disinfection** of contaminated equipment/surfaces
- Preparation for next airway case and Team Debrief