

# AIRBORNE ISOLATION/COVID19 INTUBATION CHECKLIST

Many recommendations based on low or little science, be aware of and follow local guidance

<h2>Does this patient require ETI?</h2> <p>If cannot be stabilized by NC/HFNC under surgical mask, proceed to ETI <b>No NIV.</b> 2-tube NIV with viral filter ok for PreOx, not for ongoing respiratory support - aerosolization risk is too high If borderline case, consider resources: how many vents/ICU beds available?</p>
<input type="checkbox"/> If patient is to be intubated and is not in respiratory isolation, <b>put in respiratory isolation if available</b>
<h2>Preoxygenation</h2> <p><b>Option A:</b> 2-tube closed circuit NIV with vital filter on each. PS=0 PEEP=0 (unless must go up for hypoxia) <input type="checkbox"/> Do not use NIV if patient exhales to atmosphere (i.e. one tube) <b>Option B:</b> NC/HFNC [+/-underneath NRB] underneath surgical mask Use lowest oxygen flow rate to achieve sat of 100% <b>Option C:</b> Passive BMV with viral filter, ETCO<sub>2</sub>, PEEP valve (flush rate O<sub>2</sub>)</p>
<h2>Personal Protective Equipment</h2> <p>Glove #1 under gown Fluid-proof gown <input type="checkbox"/> Glove #2 over gown N95 mask vs PAPR (N95 less effective if facial hair) Hood covering entire head and face If no hood: eye protection with face-fitting goggles, not just a shield, and sterile cap Fluid-proof shoe covers/booties</p>
<h2>Equipment to Take Into Room</h2> <p>Laryngoscope or preferred airway device with sizes up/down as appropriate Endotracheal tubes, stylet, bougie, syringe, suction <input type="checkbox"/> RSI agents, perfusion support agents (epinephrine/phenylephrine) as needed, flushes LMA and scalpel/small tube for rescue ventilation BVM with PEEP valve and viral filter Capnometry (verified waveform or colorimetric/easyCap) Tube securing device &amp; NG/OG tube for placement immediately post-intubation Fully stocked airway cart outside room (with support personnel) advisable</p>
<input type="checkbox"/> Support personnel (nurse, alternate intubator, safety officer) may wait outside room in PPE to be activated if needed
<input type="checkbox"/> Leave <b>all</b> personal effects out of room (phone, ID, stethoscope, everything)
<h2>Procedure</h2> <p><input type="checkbox"/> Minimum number of personnel in room (attending, RT, RN, one or zero trainees) Goal is rapid first pass success: <b>RSI</b> is strongly favored over breathing/awake techniques Use technique you are most comfortable with, however <b>VL favored</b> to keep operator's face away from patient's mouth Avoid bag-mask ventilation prior to intubation if possible, and minimize suction</p>
<h2>Post Intubation / Exit</h2> <p><input type="checkbox"/> Sterilize hands prior to and after removing PPE Doff under eye of trained observer is possible Proper disposal/disinfection of contaminated equipment/surfaces Preparation for next airway case</p>

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