## AIRBORNE ISOLATION/COVID19 INTUBATION CHECKLIST

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

### Does this patient require ETI?
- If cannot be stabilized by NC/HFNC under surgical mask, proceed to ETI
  - **No NIV.** 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?

### Preoxygenation
- **Option A:** 2-tube closed circuit NIV with vital filter on each. PS=0 PEEP=0 (unless must go up for hypoxia)
  - Do not use NIV if patient exhales to atmosphere (i.e. one tube)
- **Option B:** NC/HFNC [+/-underneath NRB] underneath surgical mask
  - Use lowest oxygen flow rate to achieve sat of 100%
- **Option C:** Passive BMV with viral filter, ETCO2, PEEP valve (flush rate O2)

### Personal Protective Equipment
- Glove #1 under gown
- Fluid-proof gown
- 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

### Equipment to Take Into Room
- Laryngoscope or preferred airway device with sizes up/down as appropriate
- Endotracheal tubes, stylet, bougie, syringe, suction
- 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 & NG/OG tube for placement immediately post-intubation
- Fully stocked airway cart outside room (with support personnel) advisable

### Procedure
- Minimum number of personnel in room (attending, RT, RN, one or zero trainees)
  - Goal is rapid first pass success: **RSI** is strongly favored over breathing/awake techniques
  - Use technique you are most comfortable with, however **VL favored** to keep operator’s face away from patient’s mouth
  - Avoid bag-mask ventilation prior to intubation if possible, and minimize suction

### Post Intubation / Exit
- 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

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* references at emupdates.com/covid
* message emupdates@gmail.com with suggestions/updates