

Protected Intubation Checklists



Outside of Room Checklist

Patient

Functioning IV Non-rebreather O2 Monitors (cardiac/BP/O2) Code Status

Roles

Inside Team (all in PPE for High Risk):

MD/RN/RT

Outside Team: (ideal but may not be possible)

MD/RN (Droplet PPE)/RT/Safety Officer

Medications

Induction Post-Intubation Push Doses Pressors Pressors (*if needed*)
(See medication checklist)

Equipment

To take into patient room Airway Equipment Bag Video Laryngoscope Ventilator
To remain outside of patient room Difficult Airway Devices Crash Cart

Plan

Please verbalize plans for:

Anticipated airway difficulty Pre-oxygenation 1st Attempt

If needed: Failed attempt Re-oxygenation 2nd Attempt 2nd MD Trigger

Questions/Concerns?

Protected Intubation Checklists



PREPARE EQUIPMENT

Prepare in advance outside of patient room

Taken into patient room

(Consider placing all equipment on a table to roll into room)

- Laryngoscope handle
- Macintosh blades 3,4 (disposable)
- Non-rebreather mask
- Nasal prongs
- Peep valve
- Oropharyngeal airways (2 sizes)
- Tracheal tubes 7.5, 8.0
- Tracheal tubes securing device
- ETCO₂ colorimetric detector
- Stylets (VL Stylet and regular stylet)
- 10 mL syringe
- ETT inline suction catheter 14F
- NG tube kit
- Lubricant 4
- Kelly clamp for ETT
- Yellow biohazard bag
- Protected Intubation Checklists
- Laminated Sheet and marker

Already prepared in sealed packs

- Video laryngoscope
 - Storz C-MAC® with Macintosh 3,4 blades; or D-blade (single use)
- OR**
- GlideScope® Size 3,4 blades (single use)
- Bougie (intubating catheter)
- Ventilator

Already in patient room

- Yankeur suction tip
- Suction tubing and cannister
- Bag valve mask (BVM) with filter

Remains outside of patient room

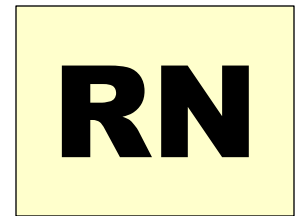
(readily available)

- Difficult Airway Devices/Difficult Airway Box
- Surgical Airway Equipment
 - #10 scalpel
 - Pocket Bougie
 - Surgical mask
 - # 6.0 cuffed ETT
- Crash cart

Protected Intubation Checklists



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PREPARE MEDICATION

Prepare in advance outside of patient room and put in K-basins

1. To be taken into patient room by intubation team at start of procedure
2. MD to check off and give to RN to prepare and label

RSI Medications

(Recommended/prepare and bring into room)

- Induction: Ketamine 1mg/kg IV** Dose: _____
(1 vial = 50 mg)
- Paralytic: Rocuronium 1.5mg/kg IV** Dose: _____
(1 vial = 50 mg)

Push Dose Pressors

(Recommended - prepare one of the following based on MD request and bring into the room):

- Phenylephrine:** Dosing: 50-200 mcg IV push PRN every 3-5 minutes
 - Dilute one vial (10 mg) in 100 mL minibag (NS or D5W) to make a 100 mcg/mL stock solution. Label the stock solution as: "Phenylephrine 100 mcg/mL" stock solution for bolus doses only. Draw from stock solution with 10 cc syringe for required dose.
- Ephedrine:** Dosing: 5-25 mg IV push PRN every 5-10 minutes
 - Dilute one vial (1 mL of 50 mg/mL) with 9mL NS or D5W in 10 cc syringe. Label the solution as: "Ephedrine 5 mg/mL" solution for bolus doses only. Draw from solution with 10 cc syringe for required dose.

Vasopressor Support

(Consider before intubation if necessary/if time)

- Norepinephrine infusion:** Dosing: 0-30 mcg/min to target MAP greater than 65 mmHg;
Typical starting dose 5 mcg/min
 - Dilute 4 mg in 250 mL bag (D5W) for a final concentration of 16 mcg/mL

Post-intubation Sedation Medications

(Recommended)

- Propofol infusion** (preferred 1st line if hemodynamics allow): Dosing: 0-100 mcg/kg/min;
Typical starting dose 5-10 mcg/kg/min and increase infusion by increments of 5-10 mcg/kg/min every 5-10 minutes until desired level of sedation achieved.
 - Premixed 1000 mg/Premix 100 mL; Titrate to target RASS 0.
 - Most patients require infusions of 5-50 mcg/kg/min.
- Fentanyl Infusion** (additional agent if needed): Dosing: 0-100 mcg/hr; Typical starting dose 25-50mcg/hr
 - Dilute 500mcg in 250 mL bag (NS or D5W) for final concentration of 2 mcg/mL
 - Titrate per pain scale, or to target CPOT of 0
 - Dosage must be titrated and individualized according to patient's needs and response

Protected Intubation Checklists

Safety Officer

SAFETY OFFICER ROLE CHECKLIST

Ideally the Safety Officer will not be responsible for any clinical aspects of care and will only be responsible to ensure the safety of the staff and physicians in the protected intubation

- Ensure the intubation team dons correctly the following for Enhanced Precautions/PPE for High Risk Procedures using a buddy system:
 - Blue fluid-resistant gown
 - N95 Mask
 - Visor with bib
 - Gloves
 - Hair cover (Bouffant)
- Ensures garbage receptacle is in room close to door+
- Confirms all staff/physicians entering room are donned correctly with no exposed areas
- Ensures Checklists are used for
 - Equipment
 - Medication
 - Team
- Ensures correct doffing of PPE
 - remove gloves, visor with bib, gown and then exit room
 - to remove hair cover then N95 mask without touching front of mask

Protected Intubation Checklists

INSIDE ROOM CHECKLIST

**Take in
room**

Inside of Room Checklist

Patient

- Functioning IV
- Non-rebreather O2
- Monitors (cardiac/BP/O2)
- Airway assessment
- Bed at 45 degrees

Pre-oxygenation 5 minutes

- Non-rebreather O2 15 L/min **-OR-**
- BVM + PEEP Valve + Filter (2-handed seal, **no bagging**)

Medications

- RSI medications IV push (**no bagging** in apneic period)

Intubation

- 1st attempt – video laryngoscopy with bougie/stylet
- Inflate cuff before ventilation NO AUSCULTATION
- Clamp ETT before disconnecting BVM

Re-Oxygenation

- 2nd generation LMA with bagging **-OR-**
- Gentle** 2 person BVM w/ 2-hand seal + OPA

Failed Airway

- Change method Change provider
- Consider surgical airway

Post-Intubation

- ARDS protocol for ventilation Check hemodynamics Sedation
- Insert NG Doff 1 at a time with buddy Re-usable/Disposable equipment

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room**

Post Intubation Medications

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