**Checklist for Intubation & Extubation (all cases, including COVID-19+)**

### Preparation

- **Designate team leader and confirm:**
  - Patient ID
  - Allergies
  - Weight
  - Can the patient be optimized any further?
    - Fluids/vasoressors
    - NGT aspiration

- **Prepare for an unanticipated difficult airway***
  - Is there a clinical indication/need for fiberoptic intubation?
  - Call for disposable Ambu fiberoptic scope
  - Discuss need for additional expertise
  - Confirm primary & backup plan for difficult airway

### Reduce exposure

- **Limit staff member in room during intubation (max 3):**
  - 1st intubator (Anesthesiologist or Airway Team Member)
  - 2nd intubator (if required)
  - RN
  - Runner (outside the room)

### Anesthesia prep:

- **Check equipment:**
  - Facemask + Ambu bag + HME filter
  - Oropharyngeal airway
  - Yankauer Suction
  - VL: McGrath
  - Bougie
  - ETT x 2
  - EtCO2 confirmatory method

- **Prepare required drugs which will be brought inside the room**
  - Induction agents
  - Emergency (hemodynamic support)
  - Maintenance (sedation, hemodynamic support)

- **Confirm which supplies & drugs will remain outside the room**
  - Prepare how you will dispose of used items (2x bags: clean and dirty contaminated bags)

### Post-intubation

- **Place laryngoscope (handle & blade) into biohazard bag and seal**
- **Place facemask into biohazard bag and seal**
- **Ensure HME filter is between ETT and circuit**
- **Clamp ETT if disconnection of circuit is required**

### Anesthesia Induction

#### Prepare

- Apply standard ASA monitors
- Check for working IV access
- Ensure HME filter is between facemask & circuit/Ambu bag

#### Preoxygenate

- Optimize position
- 5min or until target EtO2 reached (as defined by airway team)

#### Perform RSI

- Rapid administration of induction drugs and flush
- If difficulty intubating, follow difficult airway plan below

#### Connect ETT to anesthesia circuit

- Inflate cuff BEFORE applying PPV
- Confirm intubation via EtCO2 (avoid auscultation)
- Secure ETT

*Difficult Airway Plan*

- Option 1: McGrath VL (preferred 1st line)
- Option 2: iGel + small tidal volume ventilation
- Option 3: Ambu fiberoptic scope
- Option 4: mask ventilation +/- surgical airway

If bag-mask ventilation is required, use small volumes

In the event of an anesthesia stat call

- The outside staff member (circulator/runner) must prevent any entry without appropriate PPE

#### Extubation

- Perform routine extubation planning
- Ensure full NMB recovery
- Antiemetics recommended
- Extubation sequence:
  - Consider using a blue chuck or towel to cover the patient’s mouth during extubation (as a barrier for aerosolization)
  - Retain HMEF on ETT during extubation
  - Deflate ETT and extubate along with the towel/chuck
  - Dispose of used disposable supplies (ETT, temp probe, bite block, OPA, NG/OG tube, suction) using the dirty contaminated bag
  - Do NOT throw away laryngoscopes, keep in sealed specimen bag in OR for anesthesia technician collection

**PPE for staff involved with care**

**In the OR/ICU room**

1st intubator

- PAPR or N95 + eye protection + gown + head cover + double gloves +/- shoe/leg covers

2nd intubator or Anesthesia stat responder

- PAPR or N95 + eye protection + gown + head covers + double gloves +/- shoe/leg covers

Nursing

- N95 + eye protection + gown + head covers + double gloves +/- leg covers

**Out of the OR/ICU room**

Runners (Nursing, Anesthesia)

- Surgical facemask + eye protection + gown + double gloves

**Doffing**

- Ensure a buddy is present to observe doffing!

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*Beth Israel Deaconess Medical Center*

**Intubation & Extubation checklist_v9. 4/15/2020**

**DON’T RUSH!!!
YOUR personal protection is THE priority.**