Checklist for Intubation & Extubation

Preparation

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

Prepare for an unanticipated difficult airway*
- Is there a clinical indication/need for fibreoptic intubation?
- Call for disposable Ambu fiberopticscope
- 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
  - Video laryngoscope: McGrath
  - Bougie
  - ETT x 2
  - EtCO2 confirmatory method
- Prepare required drugs needed ***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)

Share the mental model
- Confirm plan with all members, out loud
- How will we call for help, if needed?

Induction of Anesthesia

Prepare
- Apply standard ASA monitors
- Check for working IV access
- Ensure HME filter is between facemask & ***circuit/Ambubag***

Preoxygenate
- Optimize position
- 5min or until target EtO2 reached (defined by provider)

Follow enhanced infection control SOP
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

Post Induction:
- Place laryngoscope (handle & blade) into plastic bag or bucket and seal
- Place facemask and syringe into separate plastic bag and seal
- Ensure HME filter is between ETT and circuit
- Clamp ETT if disconnection of circuit is required

Difficult Airway Plan

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

If bag-mask ventilation is required, use small volumes

In the event of ananesthesia STAT call, the outside staff member (circulator/runner) must help prevent the entry of staff without appropriate PPE

Extubation

Perform routine extubation planning
- Ensure full NMB recovery
- Anti-emetics 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 plastic bag inside the OR for anesthesia technician collection

PPE

Refer to BIDMC hospital guidelines for appropriate PPE
- PAPR or N95 + eye protection + gown + head cover + double gloves +/- shoe/leg covers
- Remove personal items (pens, mobile phones, ID badges)
- Buddy/mirror check

DON'T RUSH!!!
YOUR personal protection is THE priority

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

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COVID training resources & educational videos, free access online: **https://www.anesthesiaeducation.net/qsi_covid19/**