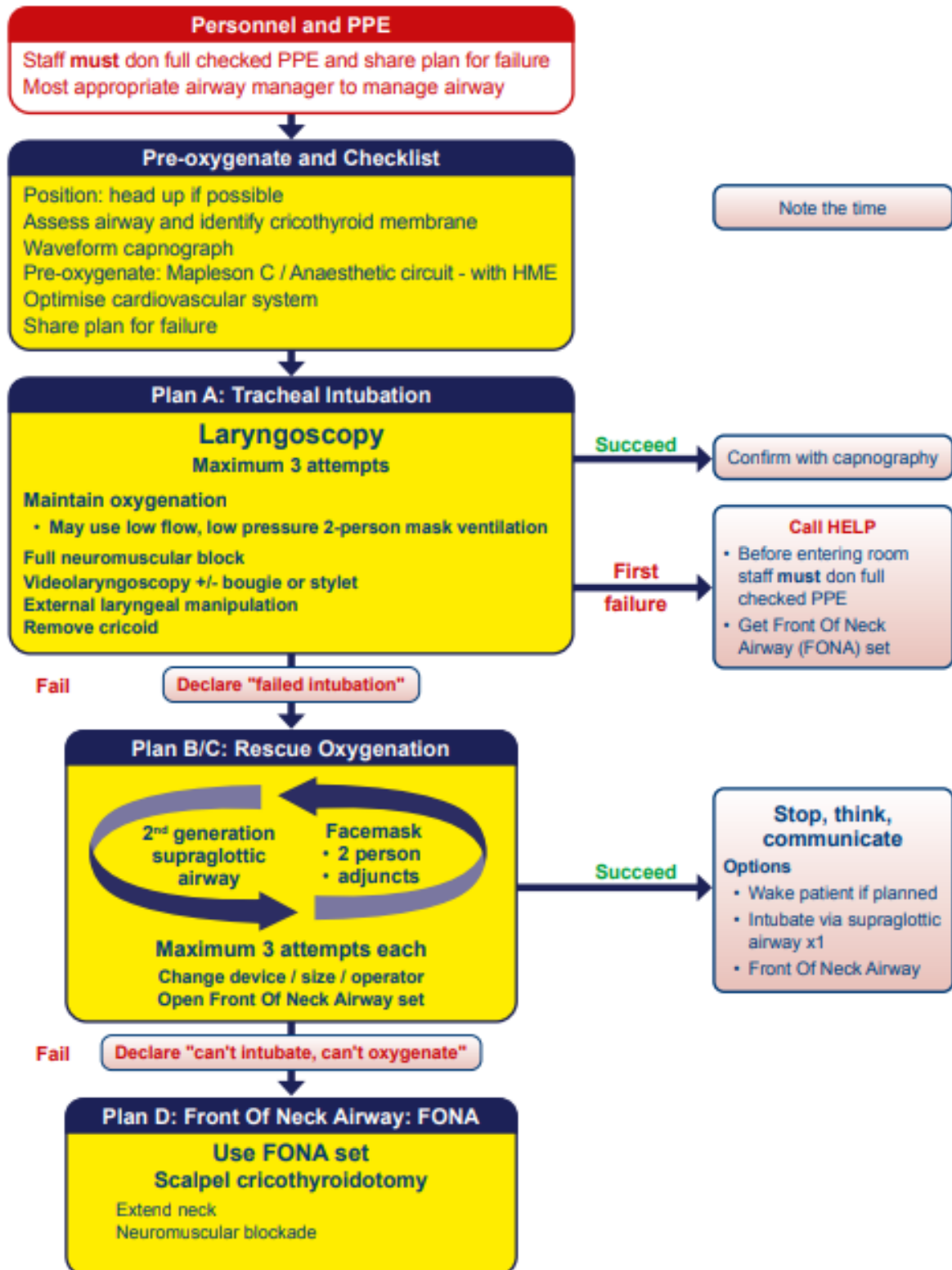


<b>OUTSIDE THE ROOM CHECKLIST - COVID-19</b>	
<b>ASSIGN ROLES</b>	<b>EQUIPMENT CHECKLIST (TO BRING IN)</b>
<b>Airway Doctor</b> most experienced	Blue drape
<b>Doctor 2</b> team leader	Facemasks x2 (5&6)
<b>Airway Assistant</b> nurse in room	Disposable MAC blades of choice x2
<b>Runner</b> outside room in PPE	McGrath VL (check working) with blade of choice
<b>PLAN</b> for communicating from inside	ETT size of choice (cut)
<b>DRUGS</b>	ETT size smaller (uncut)
<b>Allergies?</b>	Aquagel
Rocuronium 100mg (10mL)	Bougie
Propofol 200mg (20mL of 1%)	Stylet (in bag with McGrath)
Alfentanil 1mg (2mL)	20mL syringe
Metaraminol 0.5mg/ml (20mL)	ETT tie
0.9% Saline Flush (20mL)	HME Filter 2
MINIJET - Atropine - in room	ETCO2 line 2
MINIJET - Adrenaline - in room	Scissors
Maintenance propofol & alfentanil	Magill's forceps
Maintenance noradrenaline	<b>Front of neck access kit in RED TROLLEY</b>
<b>EQUIPMENT (WILL BE IN ROOM)</b>	<b>PPE - DO NOT RUSH</b>
C-Circuit	Empty pockets
HME Filter 1	Wash hands
ETCO2 Line 1	Mask (fit tested)
AMBU Bag	Gloves (first pair)
PEEP valve	Gown
Catheter mount	Gloves (second pair)
Oropharyngeal airways	Visor
iGel 4	Buddy check
Hartmanns & giving set	Names known & visible
<b>OTHER EQUIPMENT</b>	<b>FINAL CHECK</b>
NG, CVC, A-line, Catheter, Venflons.	<b>"Good to go?"</b>
Surgical gloves (to scrub and don in room)	Take: Intubation tray, drug tray, procedure tray, US

<b>INSIDE ROOM CHECKLIST - COVID-19</b>	
<b>CONFIRM ROLES</b>	<b>POST INTUBATION</b>
<b>Airway Doctor</b> most experienced	Cuff up <b>before bagging</b>
<b>Doctor 2</b>	Attach to C-Circuit
<b>Airway Assistant</b> bedside nurse	Check capnography & chest movement
<b>Runner</b> outside room in PPE	Secure ETT
<b>BRIEF</b>	<b>CHANGE TO ITU VENTILATOR</b>
<b>Airway Plan &amp; Rescue</b> (awareness some equipment outside room)	Pause Disconnect
Demonstrate IV patent & fluids running	Attach prepared ventilator circuit
Induction plan: each drug dose/volume	<b>Then TURN ON ventilator</b>
Vasopressor plan; confirm minijets.	Check ventilation
<b>EQUIPMENT</b>	<b>OTHER PROCEDURES</b>
C-Circuit: oxygen flowing, bag inflated ETCO2 and HME attached	Scrub and don surgical gloves
Suction on; under right side of pillow	Insert invasive lines Check for other care/procedures required
Oropharyngeal airway (in room)	<b>EXITING ROOM</b>
Two working laryngoscopes with blades <b>1x MAC, 1x McGrath</b>	Doffing of PPE with buddy Consideration of doffing location
Gum elastic bougie / stylet	Appropriate decontamination
<b>ETT</b> correct size, cut, cuff checked & gelled <b>ETT</b> one size smaller, cut, cuff checked & gelled	
iGel 4 (in room)	<b>DEBRIEF</b>
20mL syringe	Any equipment issues?
ETT Tie	Any other issues?
Stethoscope (in room)	Restock equipment; prepare to go again.
<b>Ventilator</b> checked Check circuit connected to ETCO2 and HME	
Surgical airway kit in red trolley with runner	
Check for final concerns	
“Checklist complete, good to go”	

# Tracheal intubation of critically ill adults

## Adapted for COVID-19



# Can't Intubate, Can't Oxygenate (CICO) in critically ill adults Adapted for COVID-19

**CALL FOR HELP**



**Declare "Can't Intubate, Can't Oxygenate"**

## Plan D: Front Of Neck Airway: FONA

Extend neck

Ensure neuromuscular blockade

Exclude oxygen failure and blocked circuit

### Personnel and PPE

New staff **must** don full checked PPE

Most appropriate airway manager to perform FONA

## Scalpel cricothyroidotomy

**Equipment:** 1. Scalpel (wide blade e.g. number 10 or 20)  
2. Bougie ( $\leq$  14 French gauge)  
3. Tube (cuffed 5.0-6.0mm ID)

### Laryngeal handshake to identify cricothyroid membrane

#### Palpable cricothyroid membrane

Transverse stab incision through cricothyroid membrane

Turn blade through 90° (sharp edge towards the feet)

Slide Coudé tip of bougie along blade into trachea

Railroad lubricated cuffed tube into trachea

Inflate cuff, ventilate and confirm position with capnography

Secure tube

#### Impalpable cricothyroid membrane

Make a large midline vertical incision

Blunt dissection with fingers to separate tissues

Identify and stabilise the larynx

Proceed with technique for palpable cricothyroid membrane as above

### Post-FONA care and follow up

- Closed tracheal suction
- Recruitment manoeuvre (if haemodynamically stable)
- Chest X-ray
- Monitor for complications
- Surgical review of FONA site
- Agree airway plan with senior clinicians
- Document and complete airway alert

# INVASIVE LINE CHECKLIST

## COVID-19

<b>CVC</b>	<b>Arterial Line</b>
<b>Chlorhexidine lollipop x4</b>	<b>Arterial line of choice x 2</b>
<b>CVC pack</b>	<b>Dressing pack</b>
<b>CVC line</b>	<b>Chlorhexidine lollipop x2</b>
<b>100ml saline bag</b>	<b>Suture</b>
<b>3 x needle free device (Octopus)</b>	<b>Dressing</b>
<b>Blood culture bottles</b>	<b>Lidocaine if required</b>
<b>20ml Syringe</b>	
<b>Green Needle</b>	
<b>Blood and blood culture request forms and bags</b>	
<b>Ultrasound and cover</b>	
<b>Aseptic Prep</b>	
<b>Surgical Gloves x2</b>	
<b>Surgical Gown</b>	
<b>Ensure HibiScrub/ alternative in room</b>	

# CARDIAC ARREST GRAB-BAG COVID-19

- Current plan is not to bring red bag to Covid-19 cardiac arrest and instead use equipment on the ward along with a grab bag from ITU.
- Grab bag located in box next to red bag
- Grab-bag contents;

<b>PPE (should also be available on ward)</b>	<b>Equipment not on ward</b>
<b>Mask FFP3</b>	<b>Bougie</b>
<b>Gown</b>	<b>Peep valve</b>
<b>Visor</b>	<b>Yellow drug bag (covered with clear plastic bag)</b>
<b>Gloves x 2</b>	