

COVID-19 Checklist

Theatre Intubation and Extubation

General principles

- Senior intubator
- Appropriate PPE and essential staff only
- Intubation and extubation are high risk aerosol generating procedures (AGPs)
- Avoid positive pressure ventilation prior to intubation, use indirect videolaryngoscopy
- Minimise coughing

Planning and preparation

- Early senior assessment of patient on ward
- Team huddle
- Theatre and support team roles assigned on a case-by-case basis
- PPE donned and checked

Intubation

- Communicate induction and emergency plans
- Drugs prepared for RSI, maintenance and resuscitation
- Complete COVID intubation and extubation equipment checklist
- Optimise patient positioning
- Prepare tray for used equipment
- Pre-oxygenate with firm seal
- If bag mask ventilation necessary use low tidal volumes
- Allow for pressure dissipation prior to mask removal: open APL valve, pause to allow expiration)
- RSI (without cricoid)
- Use C-MAC and full paralysis to avoid coughing
- ETT visualised at correct depth first time
- Cuff inflated **before** ventilation
- Consider closed suction catheter
- Avoid check auscultation if possible. Use capnography
- Place C-MAC blade and soiled airway equipment in tray
- Dispose of outer gloves after instrumenting airway and replace
- Note time of intubation as AGP
- Minimise circuit disconnections – if required use metal clamp and disconnect proximal to HME filter

Extubation

- Communicate the extubation plan
- Consider deep extubation in lateral position or awake extubation with protective shield
- Consider applying nasal prongs prior to extubation
- Prepare face mask with protective clear plastic shield
- Prepare clinical waste bin nearby
- Consider lignocaine IV 1-1.5mg/kg
- Suction carefully if necessary with closed suction and/or yankeur
- Prepare surgical mask for patient
- Vigilance with circuit disconnections, ETT clamping and HME position
- ETT and yankeur placed immediately into bin post extubation
- Dispose of outer gloves after extubation and replace
- Apply surgical mask over nasal prongs/Hudson mask as appropriate
- As low o2 flows as possible through NP/Hudson mask
- Note time of extubation as AGP

