

Harbor-UCLA HCCC Protected Airway Checklist v5

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| Pre-procedural Huddle (Outside of patient room) | |
| Introductions | |
| SBAR | |
| Patient weight, IV access, allergies | |
| Determine that patient meets criteria for intubation | |
| Discuss need for additional procedures (CVC, A-line, Foley) and attain necessary equipment | |
| Preparation (Outside of patient room) | |
| PPE check completed (Donning with Coaching) *checklist | |
| Intubating MD, RN, and RCP double gloved | |
| Attain intubation medications and post-intubation sedation medications | |
| Visually confirm airway/ventilation equipment in room: <ul style="list-style-type: none"> • Oxygen regulator • Suction regulator • Capnography module on monitor | |
| Supplies Check: <ul style="list-style-type: none"> • Airway supplies: video laryngoscope, direct laryngoscope, endotracheal tube, stylet, 10mL syringe, AnchorFast • Suction cannister, tubing, and Yankauer tip (if not present in room) • Rescue Supplies: laryngeal mask airway, 60 mL Syringe, bougie • IV start kit, IV catheter, 6-10 NS Flushes • Shoulder roll • Waveform capnography line or color change device (if waveform not available) • BVM • HEPA viral filter • Central line equipment and NS flushes (if central line indicated) | |
| Equipment check: <ul style="list-style-type: none"> • Video laryngoscopy (confirm battery powered) with disposable stylet • Alaris pump for post-intubation sedation and/or appropriate length extension sets • Ventilator (check function) and appropriate length circuit • Communication device: baby monitor, phones, white board/marker, etc. • Ultrasound (if central line to be placed) and probe cover | |
| Preparation (Inside of patient room) | |
| Attach and initialize waveform capnography to ventilator | |
| Confirm IV is functioning; replace if necessary | |
| Optimize patient positioning | |
| Close all carts in room to prevent contamination with aerosolized particles | |
| Pre-Oxygenation | |
| Apply non-rebreather mask (15 L) if not already in place | |
| BVM only with viral filter in place and two-person technique | |
| Avoid CPAP/BiPAP if preoxygenation can be safely achieved otherwise | |
| Intubation | |
| Consider apneic oxygenation at ≤ 5 L/min if adequate oxygenation achieved prior to medication administration. Higher concentration if inadequate pre-oxygenation. | |
| Attach ETT with inflated cuff directly to ventilator if possible | |
| Minimize disconnects | |

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| Post-intubation | |
| Secure ETT with AnchorFast device | |
| Insert NG/OG tube (to be performed by physician at head of bed) | |
| Obtain tracheal aspirate sample if COVID-19 status unknown | |
| Portable CXR – consider delaying if NG/OG or central line will be placed | |
| Physician and/or RCP should remain in room until CXR reviewed in case ETT requires replacement/adjustment. | |
| Place central line (IJ preferred) if indicated | |
| Appropriate Doffing with Coach *using checklist | |
| Debrief | |
| Appropriate and Safe Handling/Disinfecting of Equipment | |