Harbor-UCLA HCCC Protected Airway Checklist v4

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: • Oxygen regulator • Suction regulator • Capnography module on monitor	
Supplies Check: • 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 (**ONLY** if not in negative pressure room) • Central line equipment and NS flushes (if central line indicated)	
Equipment check: • 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	
AVOID BVM if oxygenation sufficient (if needed, insert LMA or use 2-person, 2-hand BVM 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	
Avoid auscultation for ETT placement if sufficient oxygenation and waveform capnography present	
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	