

PRE INTUBATION CHECKLIST – Ante room (CLEAN ROOM)

Team brief:

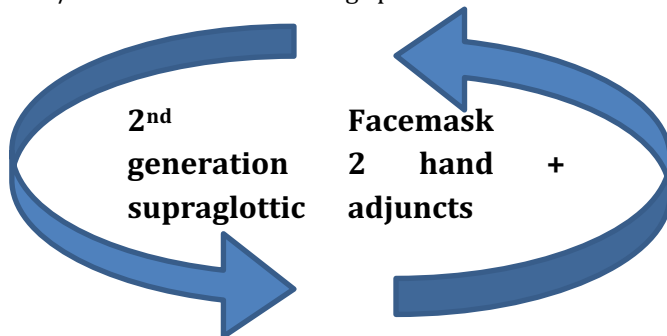
1. Assemble team in the clean room:
 - Assign roles
 - Intubator – Most skilled operator.
 - Second doctor: for drugs and monitoring.
 - PICU nurse: Discuss need for extra equipment eg NGT/tapes/ sedation etc
 - Designate clean room role (Second PICU Nurse) – Runner and PPE buddy (this person to stay clean and in ante room for duration)
2. Prepare for Intubation
 - Set up equipment on a trolley
 - HME viral filter (yellow filter) on anaesthetic bag
 - HME viral filters on ventilator circuit
 - Consider cutting ETT to minimize disconnections
 - Use only cuffed ETT
 - Ensure ETCO₂/angle piece and inline suction all connected.
3. Plan for difficult intubation (Discuss Plan A, B/C, D)
4. Check contents of COVID-19 Intubation trolley and Drug list as per checklist.
5. Lay out airway equipment, intubating drugs and rescue devices.
 - Pre connect in-line suction/ ETCO₂ monitor onto ventilator tubing and ensure all connections are tight.
6. Check ventilator in room:
 - Machine with HME filter at each end of circuit.
 - Bin bags for disposal of clinical waste.
 - Minimise personnel and equipment in cubicle.
7. Donning PPE:
 - Assemble COVID-19 Infection Control PPE Trolley.
 - Remove pens, bleeps, ID badges, mobile phones and put in blue tray
 - PPE buddy to check PPE
 - Consider writing names and roles on gown
8. Pre Intubation Locsipp

Take only COVID 19 intubation trolley/Tray into cubicle

Hand all other equipment to Runner

INTUBATION IN PICU

1. Check IV access functioning and connect IV fluid. Plan for modified RSI
2. Pre-oxygenate for 3- 5 minutes with tight seal on mask. **2 handed technique to ensure best seal possible.**
3. Give RSI drugs. Avoid BMV if possible.
4. Consider use Video laryngoscope as 1st line for intubation **if appropriate**
5. If difficult intubation: Consider using L between attempts at intubation.
 - PLAN A: RSI with video laryngoscope **or direct laryngoscopy**
 - Plan B/C: 2 Handed 2 Person V-grip BMV & 2nd Gen SGA



- Plan D: Front of neck access (Scalpel Bougie Tube)
6. Once intubated, **inflate cuff PRIOR to commencing ventilation.** Avoid auscultation.
 7. Do not bag patient, connect immediately to the ventilator
 8. If circuit needs to be disconnected: **ETT MUST BE CLAMPED** prior to disconnecting **distal to HME**

EXTUBATION IN PICU

1. Minimise presence of staff and keep behind the patient if possible.
2. Use Inco pad on chest and dispose tube and secretions carefully.