

COVID-19 Intubation/Critical Care Pre-entry Checklist

For Providers

To bring inside room:

- Glidescope (use the one in Blue with empty basket)
(Only bring in blade(s) you will be using + Glidescope stylet)
- Airway Bag (includes the following)
 - ETT (7 & 7.5) with syringe for cuff
 - Stylet
 - BVM
 - OG tube with syringe, lube and tape
 - OP/NP airway
 - Colorimetric end-tidal CO2 detector
 - Suction setup
- Radio (confirm channel)
- Disposable stethoscope
- Mayo Stands (1 Large, 1 Small)
- Sani-wipes (should be located inside room)

Keep outside room (on standby):

- Airway cart (never bring in room)
- EZ-IO (leave case outside)
- Ambuscope (location: trauma hallway , only bring in scopes/aintree catheter you will be using)
- Direct laryngoscope (Mac 3&4 + handle)
- Bougie
- LUCAS device (location: Med room behind Resus 4, leave case outside), consider having Medics apply device while faculty/staffs don
- Code cart

For Nursing

- IV kit x2
- medication administration kit

- pump with 2 channels
- RSI meds kit
- Restraints
- Foley
- ABG syringe
- Pressure bag
- Post-intubation meds (*: in Pyxis, discuss with provider)
 - propofol (preferred)*
 - fentanyl (preferred)*
 - midazolam*
 - phenylephrine (premade)*
 - norepinephrine drip (comes from pharmacy)

For Respiratory Care

- Ventilator with appropriate filters
- ET securing device
- Waveform capnography adapter
- Viral filter for Ambubag/ET Tube (Place viral filter right after the ET tube, or else contaminated secretions may theoretically leak into the EtCO₂ tubing and perhaps back to the monitoring module)

For Support Staff

- Outside Communicating Leader (Role: listens to requests from inside room, use closed-loop communication, noise/crowd control)
- Support Team
 - Outside Communicating Leader
 - Runner
 - Trained PPE Observer
 - Pharmacy (if available)
 - 2nd RT (if available)
- Determine radio channel
- Confirm negative pressure ON
- Turn intercom on speaker (use iphone speaker mode for Blue Iso)