

# Protected Airway Checklist

VERSION 2020 03 31



Review prior to entering room for protected airway

## OUTSIDE THE ROOM

### PREPARATION

- Assemble the Team
  - Communication Strategy
  - PLAN A** (Recommended): Videolaryngoscopy
  - PLAN B**: As per intubation team (consider bringing plan B equipment inside patient room)
  - PLAN C**: Rescue (e.g., Bougie-assisted cricothyrotomy)
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- Gather Equipment (see Protected Airway Equipment Checklist on the back)
  - Prepare as much as possible outside of the room**
    - Drugs **PRE-DRAWN**
    - Airway Equipment (e.g., in-line/filter/CO2 detector)
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- PPE** - Be thorough / Don't rush
  - "Buddy system"**

## INSIDE THE ROOM

### OPTIMIZATION

- Airway Assessment
- Apply **Monitors** and Set **Alarms**
- Check IV access**
- Optimize **Position**
- Optimal **PRE-OXYGENATION**
  - Apply HiOX/TAVISH
  - Use well-fitting mask
  - Avoid BMV ventilation (if needed: 2-person, 2-hand technique)
- Optimize **PATIENT CONDITIONS**
  - Fluids & vasoactive agents prior to induction
  - If OGT/NGT present, aspirate gastric content

### HIGH RISK

- Consider nasal prongs for apneic oxygenation (6 L/min)
- RAPID SEQUENCE INTUBATION (RSI) RECOMMENDED**
- DO NOT use ORAL AIRWAY

## INTUBATION

- NO MANUAL VENTILATION until ETT cuff inflated
- IMMEDIATELY CONNECT ETT to IN-LINE/FILTER/CO2/BMV-VENTILATOR**
- AVOID UNNECESSARY DISCONNECTIONS**
- NO AUSCULTATION to confirm ETT placement

### POST

- Hemodynamic support, sedation and analgesia
- Obtain ETT sample +/- NP swab
- OGT/NGT insertion
- Portable CXR only when logistically feasible
- Consider arterial line, CVC, Foley

- Need for TRANSPORT?
- CLEAN UP
- DOFFING** - Don't rush & "Buddy System"

- RELAX
- DEBRIEF