

PREPARE TEAM, KIT and PLAN

PATIENT

POST-INTUBATION

Staff Safety

- Wear full AGP-PPE
- Don with a buddy using checklist
- Names on visors

Allocate Roles

- Team Leader
- Intubator
- Intubator's assistant
- Drugs
- Runner: outside in FULL AGP-PPE
- FONA

Urgent Help:

- Is 3030 ICU Cons aware?
- Call 3030 to summon help

Equipment

- C-Circuit
 - ETCO₂
 - Guedel
 - Suction
 - MAC4
 - McGrath available
 - Battery?
 - Bougie
 - 2 ETT, ties, syringe
 - iGel
 - FONA:
 - Scalpel
- Drugs:
- Propofol
 - Rocuronium
 - Metaraminol
 - Maintenance sedation
- Set Vt @ 6mls/kg IBW

Rehearse Airway Plan

Plan A: RSI, ETT

Plan B: iGel

Plan C: 2 handed technique BMV

Plan D: **FONA**: Scalpel, bougie, 6.0 ETT

Confirm plan understood and team ready

Likely difficult airway?

- Identify CTM
- Apply monitors
- ETCO₂
 - SpO₂
 - ECG
 - Blood Pressure
- Reliable IV access?
- Optimise position
- Preoxygenate
- Consider CPAP
- Optimise Patient
- Fluid bolus?
 - Vasopressor bolus?

Airway:

- Inflate Cuff
- Attach Ventilator
- Swap ETCO₂
- Establish Ventilation

DO NOT AUSCULTATE

Clamp tube if disconnect

Careful equipment disposal

- Decontaminate McGrath Mac

DoFF PPE with buddy and checklist

Remember: AGP PPE at all times. Don and DoFF using buddy and Checklist

Tracheal intubation of critically ill adults Adapted for COVID-19

Personnel and PPE

Staff must don full checked PPE and share plan for failure
Most appropriate airway manager to manage airway

Pre-oxygenate and Checklist

Position: head up if possible

Assess airway and identify cricothyroid membrane

Waveform capnograph

Pre-oxygenate: Mapleson C / Anaesthetic circuit - with HME

Optimise cardiovascular system

Share plan for failure

Note the time

Plan A: Tracheal Intubation

Laryngoscopy

Maximum 3 attempts

Maintain oxygenation

• May use low flow, low pressure 2-person mask ventilation

Full neuromuscular block

Videolaryngoscopy +/- bougie or stylet

External laryngeal manipulation

Remove cricoid

Succeed

Confirm with capnography

Call HELP

- Before entering room staff must don full checked PPE
- Get Front Of Neck Airway (FONA) set

First failure

Fail

Declare "Failed Intubation"

Plan B/C: Rescue Oxygenation

2nd generation supraglottic airway

Facemask
• 2 person
• adjuncts

Maximum 3 attempts each

Change device / size / operator

Open Front Of Neck Airway set

Succeed

Stop, think, communicate
Options

- Wake patient if planned
- Intubate via supraglottic airway x1
- Front Of Neck Airway

Fail

Declare "can't intubate, can't oxygenate"

Plan D: Front Of Neck Airway: FONA

Use FONA set

Scalpel cricothyroidotomy

Extend neck

Neuromuscular blockade