

Emergency Department COVID-19 RSI Checklist

Outside the room

Kit and drugs assembly Role allocations Airway plans/PPE Kit ✓ Mapleson C with HME attached between patient and APL ✓ Allocate roles: ✓ 2x laryngoscopes (DL or VL) ✓ Bougie and stylet A: team leader and 1st intubator ✓ ETT x2 (different sizes) • B: Cricoid pressure and airway ✓ KY gel assistant ✓ Inline suction C: Drugs, monitor, timer, 2nd ✓ ETCO2 sidestream intubator ✓ Catheter mount ✓ Syringe for cuff and tube ties D: Runner (outside) ✓ Tube clamp ✓ OPAs ✓ iGel (appropriate sizes) ✓ Airway plans discussed ✓ eFONA set available ✓ Marker pen ✓ Discuss and prepare rescue devices (ig. Ambuscope) ✓ Cannulas, dressings, tourniquets П ✓ PPE as per Trust guidelines for Drugs AGPs before going in (buddy ✓ Induction drugs and muscle relaxant system) ✓ Emergency drugs ✓ Maintenance drugs

Inside the room

| BEFORE THE PROCEDURE | | | |
|--|-----|----|--|
| PREPARATION | | | |
| Have all members of the team introduced themselves? | Yes | No | |
| Is patient position optimised? | Yes | No | |
| Are spinal precautions required? | Yes | No | |
| HME filter attached to Mapleson C between mask and APL | Yes | No | |
| Pre-oxygenate: Mapleson C (5I O2/ PEEP 5 cmH2O for 5min) with two handed technique | Yes | No | |
| Is cricoid pressure considered? | Yes | No | |
| Cricothyroid membrane marked | Yes | No | |
| Post intubation sedation ready? | Yes | No | |
| EQUIPMENT & DRUGS | | | |
| Is monitoring attached? (ECG, SpO2, BP on regular cycling, EtCO2) | Yes | No | |
| Is suction ready? | Yes | No | |
| Is breathing circuit assembled (inline suction/HME/ETCO2 sidestream) | Yes | No | |
| Is adequate venous access in place and fluids attached? | Yes | No | |
| Are working laryngoscope/s and bougie ready? | Yes | No | |
| Are endotracheal tube/s ready? | Yes | No | |
| 10ml Syringe/KY gel/tube tie available? | Yes | No | |
| Are oropharyngeal airways and iGels available? | Yes | No | |
| Is difficult airway trolley available? | Yes | No | |
| Are drugs and vasopressors ready? | Yes | No | |
| Any drug allergies known? | Yes | No | |
| TEAM | | | |
| Is senior help needed? | Yes | No | |
| Is role allocation clear? (Intubator, drugs, assistant, cricoid, MILS) | Yes | No | |
| Is difficult airway anticipated? | Yes | No | |

TIME OUT Verbal confirmation between team members before start of procedure Were difficult airway plans discussed? Yes No Is senior help needed? Yes No Is role allocation clear? (intubator, Yes No drugs, assistant, cricoid, MILS) Is difficult airway anticipated and Yes No equipment available? Any concerns about procedure? No Yes Baseline vital signs? SpO2/BP/HR/ETCO2 Read out If you had any concerns about the procedure, how were these mitigated?

| Procedure date: | | |
|-------------------|-----|------------|
| Time: | | |
| Operator: | | |
| Observer: | | |
| Assistant: | | |
| Level of | SpR | Consultant |
| supervision: | | |
| Equipment & | | |
| trolley prepared: | | |

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| SIGN OUT | | | |
|--|-----|----|--|
| | | | |
| Endotracheal position confirmed (EtCO2 trace)? | Yes | No | |
| Tube depth checked (B/L Air entry)? | Yes | No | |
| ETT secured and cuff pressure checked? | Yes | No | |
| Appropriate ventilator settings confirmed? | Yes | No | |
| Analgesia and sedation started? | Yes | No | |
| ICP optimisation required? D/W Neurosurgeon? | Yes | No | |
| Chest X-Ray requested? | Yes | No | |
| Hand over to nursing staff? | Yes | No | |

| Signature of | |
|-----------------------|--|
| responsible clinician | |
| completing the form | |

| Patient Identity Sticker: | |
|---------------------------|--|
| | |
| | |
| | |

| During the Procedure | | | | | |
|-------------------------------------|-----------------------|----|---------------|----------|-------------|
| Personnel | Name | | | Grade | |
| Intubation | | | | | |
| Drugs | | | | | |
| Other (Assistant) | | | | | |
| Intubation | Laryngoscopy Grade | ET | T size (IDmm) | Length @ | teeth (cms) |
| Oral/Nasal ETT | | | Method of In | tubation | |
| Pharmacology | Drug | | | Dose | |
| Induction agent | | | | | |
| NMB agent | | | | | |
| Opiate | | | | | |
| Vasoactive agent | | | | | |
| Other Drugs | | | | | |
| Spinal precautions used (If Applica | ible) | | | | |
| Comments: | | | | | |
| Adverse Events documented: | | | | | |
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