



COVID-19 Airway Bundle Checklist

Date: _____ (Place patient stamp here)
 Name: _____

Front page completed (check all that apply):

On admission During/after rounds
 Prior to intubation After intubation

Assessment for ANTICIPATED Airway Management – for COVID-19

Intubation Risk Assessment

Difficult Airway	History of difficult airway?	Yes	No
	Physical? (e.g. small mouth, small jaw, large tongue)	Yes	No
At risk for:	High risk for rapid desaturation during intubation	Yes	No
	Increased ICP, pulmonary hypertension, need to avoid hypercarbia	Yes	No
	Unstable hemodynamics (e.g. hypovolemia, potential need for fluid bolus, vasopressor, CPR)	Yes	No
	Other risk factors? _____	Yes	No

Planning (all risk noted above should be considered in plan)

Who will intubate? (Specify primary provider who will perform first laryngoscopy):

Fellow Attending Anesthesiologist ENT

How will we intubate?

Method: oral vs. nasal **ETT Type:** Cuffed (recommended) Uncuffed

ETT Size: 3.0 3.5 4.0 4.5 5.0 5.5 6.0 6.5
 7.0 7.5 8.0 Other: _____

**Primary and back up size (0.5 smaller) styletted and ready to go **

AirQ LMA at Bedside : 1.0 1.5 2.0 2.5 3.5 4.5

(Continue on next page)

Device: CMAC Laryngoscope LMA _____
Glidescope _____ Other: _____

Blade: Mac _____ Miller _____ Wis-Hipple

Meds: Atropine Glycopyrrolate Fentanyl Midazolam
Ketamine Propofol Rocuronium Vecuronium

Have Emergency drugs readily available. Have extra medication doses drawn up

Apneic Oxygenation (Recommended): YES / NO ____ L/min
(<1y = 5L; 1-7y = 10L; > 8y = 15L)

Plan for Rapid Sequence Intubation (Circle): RSI without BVM / RSI with BVM /
Standard induction

When will we intubate? (Describe the timing of airway management):

Prior to procedure at: _____ Mental Status Changes

Hypoxemia refractory to CPAP: SpO2 < ____%

Ventilation failure refractory to NIV Loss of Airway Protection

Other: _____

Backup? Advanced Airway Provider: Anesthesia ENT

Other: _____ Difficult Airway Cart

Difficult Airway Emergency Page Other: _____

**Call Anesthesia/ENT early -Donning takes ~5 min*

Immediate Pre-Intubation Procedure TIME OUT

Date: _____

Time: _____

First two pages not filled out: Why? _____

(Complete ALL elements just prior to intubation)

Right Patient: Confirm 2 identifiers and allergy status. Did the patient eat or drink in the last 6 hours?
Right Provider: Confirm appropriate # of Clinicians in the room (minimize as appropriate) Most experienced provider performs intubation Back up PPE readily available outside?
Right Plan: Review and revise the FRONT PAGE plan. Most experienced airway provider chosen?
Right Prep: Patient accessible and positioned correctly, bed cleared for intubation, working IV? Patient receiving preoxygenation (3-5 minutes recommended)?
Right Equipment: SOAP (Suction, Oxygen, Airway, Personnel), IV fluid bolus readily available? Right size LMA available?
Right Monitoring: BP cycling frequently, different extremity from pulse ox, pulse ox volume?
Right Rescue plan: Difficult Airway cart/kit and equipment available? Who can we call for assistance? <i>*** Consider calling Anesthesiology/ENT before starting airway management</i> Rescue bagging through LMA if 1st intubation attempt fails Call RED charge/Outside RN State: "Activate Airway Emergency" (Provide Location)
Right Attitude: State out loud: "IF anybody has a concern at any time during the procedure please SPEAK UP."

Other PATIENT SPECIFIC preparation: _____

All elements of the pre-intubation timeout completed

NOT PART OF THE MEDICAL RECORD

Return Form to xxxxx in room xxxxx

Post-Procedure TIME OUT

All team members performed well without technical/communication challenges

Briefly describe below (comments by provider)

	What did we do well?	What can we improve upon?
1. RT		
2. Nurse		
3. Resident		
4. NP/PA		
5. Fellow		
6. Attending		

**If difficult to ventilate or intubate please remember to put an ALERT in Epic and a SIGN at the bedside.*

***File airway bundle with NEAR4KIDS data collection form*