

Intubation Checklist for Cesarean Delivery

For PUI/COVID Patients (12/20/20)

*N95 is equivalent to CAPR/PAPR as per the Anes Dept.'s recommendations

- Indication(s) to wear CAPR vs. N95:
- 1) Failed N95 fit-test (e.g. beard)
- 2) Personal comfort/choice
- There is 1 CAPR-shroud helmet in the Att Anes call room on L&D
- The CAPR-shroud helmet CAN be worn in the OR throughout surgery

Preoperative

- Multidisciplinary huddle (no support person, minimize OR traffic)
- OR fully prepared prior to patient's arrival, so that there is minimal need to touch things (e.g. Omnicell drawers)
 - HME filter in-line between face mask + circuit
 - All drugs drawn up + placed in a tub (PPH kit in OR)
 - Have all airway pink/clear tape strips already cut from roll
 - Infusions in-line: Phenylephrine/oxytocin/azithromycin (if applicable)
 - CSE kit (leave block cart outside the OR)
- Role delegation prior to OR (2 anesthesiologists at start)
 - Anes A: Senior anesthesiologist to intubate
 - Anes B: Assist with meds/airway (if necessary) + remain in OR
- Don PPE (A+B) Remove ID badge + phones from pockets
 - Use spotter
 - Wash hands + apply hand sanitizer
 - Wear surgical gown (or yellow gown)
 - Double-glove
 - N95* mask + face shield (or goggles)

In OR

- The patient should already be wearing a surgical mask
- Anes A at head of bed for intubation
- Anes B standing at periphery, passing items etc.
- INTUBATION
- Minimal staff in OR
- Optimize airway position
- Remove patient's face mask + pre-oxygenate
- RSI using videolaryngoscopy (no mask ventilation, unless indicated)
- Inflate cuff + manually ventilate (only AFTER cuff inflated)
- Place cuff syringe + anes facemask in a plastic tub
- Remove outer gloves (after confirmed you do not need to re-intubate)
- With clean under-gloves, set gases/ventilator + tape ETT
- If any concern for glove contamination, change gloves
- Clean reservoir bag (as it was touched with contaminated gloves)

INTRA-OP - Anes A: Leave OR (when applicable)

Keep N95 mask on until out of OR (see doffing instructions below)

- Anes B: Remain in OR, wearing full PPE + N95 mask

EXTUBATION - Minimal staff in OR

Anes A: Return to OR wearing PPE + N95 mask, stand peripherally
Anes B: Place clear Bair Hugger drape over patient's head + torso

Deflate cuff only when ready to extubate

Extubate under clear drape

POSTOP - Recover in OR

Disposition to COVID-designated area

Doffing PPE

■ In doffing area - Sanitize gloved-hands, then remove gown + gloves in one maneuver

- Sanitize hands + wear new gloves

- Remove face shield (or goggles)

- Sanitize hands + remove N95 mask

- Remove gloves + sanitize hands

Locker room - Change scrubs + sanitize hands/face/neck thoroughly