

Code 95 Airway – Outside Room Checklist

Confirm Staff

CONFIRM STAFF

- Anesthesiologists (2)
- Safety officer
- Pharmacist
- Respiratory therapist
- ICU attending/fellow
- RN
- Runner

LOCATION OF STAFF

Inside room

- Anesthesiologist (1)
- Anesthesiologist (2)

Anteroom

- RT - donned
- RN – donned

Outside room

- Safety officer
- ICU attending/fellow
- Pharmacist
- Runner

Equipment

VENTILATE & INTUBATE

- Jackson Reese circuit
- Mask
- HEPA Filter
- Oral Airways
- SGA 2nd gen
- EtCO2 monitor
- Glidescope with blades
- DL blades and handles
- Rigid stylet & reg stylet
- ETT 6-0/7-0/8-0
- Bougie
- Syringes
- ET securing tape
- Kelly clamp
- Lubrication
- Working suction
- FONA kit
- A-line kit

COMMUNICATION

- Walkie talkies – double bagged
- Whiteboard & dry erase

Drugs

INDUCTION/INTUBATION

- Propofol or Etomidate
- Rocuronium
- Succinylcholine
- Phenylephrine
- Vasopressin
- Epinephrine (dilute)

MAINTENANCE

- Propofol gtt
- Norepinephrine gtt
- +/- Midazolam
- +/- Fentanyl

DRUG DELIVERY:

- Brain and pumps
- IV fluids
- Flush syringes

Patient Data

PATIENT DATA

- Code status
- Weight
- Allergies
- Serum K

AIRWAY

- Airway exam
- Airway history

OTHER

- PIV access
- IV tubing
- Confirm A-line set-up
- Confirm vent settings, how to turn on the vent and connect in-line suction

Code 95 Airway – Inside Room Checklist

Setup & Monitors

- HiOx mask on patient
- Monitors (EKG, SpO2, NIBP, EtCO2)
- Cycle NIBP q1min
- Remove headboard and position patient for optimal access to airway
- Reverse t-berg or ramp if obese
- Confirm functioning suction
- Confirm BMV available
- Confirm functioning PIV

Review Plan

- Confirm plan with your assistant

Plan A: RSI, no PPV until cuff is inflated.



Plan B: two-handed mask ventilation with good seal or 2nd gen SGA. Low flow, low pressure.



Plan C: if unable to secure airway through VL, LMA or fiberoptic scope (if available), proceed with eFONA.

Establish Airway

- Preoxygenate 5 min with HiOx mask or Jackson Reese w/ HEPA
- Confirm accessibility of airway equipment & medications
- Proceed with RSI
- Inflate cuff prior to PPV
- Connect ETT directly to preset ventilator with attached HEPA filter to minimize disconnections, OR BMV ensuring HEPA filter is between ETT and ventilation device
- Confirm EtCO2
- If BMV is necessary, ensure HEPA is attached
- If BMV is necessary, clamp ETT prior to disconnecting

Post-procedure

- Wait 20 minutes post-procedure before exiting room
- Start sedation and manage hemodynamics
- Consider placing lines as previously agreed upon with ICU team
- Exit to antechamber
- Doff