

Intubation and Extubation Checklist

- *Level of PPE and intubation/extubation techniques will depend on the patient and procedure*
- *This checklist is NOT for known COVID+ or PUIs*

PREP THE OR

- Ensure HEPA filter attached between mask and circuit, distal to the EtCO₂ sampling line
- Video laryngoscope + RSI drugs
- Plastic bag inside bin for contaminated equipment
- Plastic sheet or intubation box if using
- Only essential airway equipment on cart to minimize contamination of clean equipment
- Hand sanitizer and sani wipes on anes cart or nearby
- Personal PPE (N95, goggles, face shield, gown x2, gloves)
- Surgical mask for patient for the end of the case

INTUBATION CHECKLIST

- Confirm plan (e.g. airway box, plastic drape, etc)
- Don proper PPE: e.g. inner & outer gloves, gown, goggles, N95 and face shield
- Place bin with plastic bag insert within reach for easy disposal of contaminated equipment
- Pre-oxygenate with HEPA filter on circuit
- RSI with VL, ensure adequate time for peak effect of muscle relaxant to avoid coughing/bucking
- Inflate cuff and connect to circuit
- Dispose of outer gloves, then connect ETT to circuit and confirm ventilation
- Dispose of gown
- Use sani-wipes to wipe down face shield
- Use sani-wipes to wipe down station and all other surfaces

EXTUBATION CHECKLIST

- Confirm plan (e.g. airway box, bair hugger + u-drape, mask-over-tube method etc)
- Don additional PPE: inner & outer gloves, gown, goggles, N95 and face shield
- Consider anti-tussive prior to extubation
- Place chux, plastic bag, or garbage bin at head of bed for easy disposal of ETT
- Extubate patient and dispose of ETT
- If patient coughs, maintain seal w/mask w/ attached HEPA filter
- Transition to FM or NC (O₂ flows <6LPM), place surgical mask over O₂ delivery device
- Dispose of plastic drape if using
- Doff outer layer gloves and gown, de-contaminate face shield