# Airway Bundle Checklist (FRONT and BACK) FOR COVID-19



Date: \_\_\_\_\_ Time: \_\_\_\_\_ [Place patient sticker/stamp here]

# **Э**Н

Front page completed (check all that apply):

 $\Box$  On admission  $\Box$  During/after rounds  $\Box$  Prior to intubation  $\Box$  After intubation

## Assessment for ANTICIPATED Airway Management

#### Intubation Risk Assessment

Difficult	History of difficult airway?	YES	NO
Airway	Physical? (e.g. small mouth, small jaw, large tongue, or short neck)	YES	NO
At Risk	High risk for rapid <b>desaturation</b> during intubation	YES	NO
For:	Increased ICP, pulmonary hypertension, need to avoid hypercarbia	YES	NO
	<b>Unstable hemodynamics</b> (e.g. hypovolemia, potential need for fluid bolus, vasopressor, CPR)		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 \*\*Most experienced provider to intubate and minimal providers in the room \*\*

How will we intubate? ** Recommend oral intubation with a cuffed ETT **							
ETT Size					7.0 7.5	8.0 Other:	
** Stylette BOTH the primary and ½ size smaller ETT prior to intubation**							
AlrQ LM	A at Bedside :	1.0 1.5	2.0 2.5	3.5 4.5			
Device:	CMAC Laryr	ngoscope Air	Q LMA	Glidescope	Other:		
Blade:	Blade: Mac Miller Wis-Hipple						
Meds:	Atropine	Glycopyrrolate					
	Fentanyl	Midazolam	Ketamine	Propofol			
	Rocuronium	Vecuronium					
** Use of RSI recommended - Have 10 mcg/ml Epinephrine and extra doses of all meds drawn up and in room **							
Apneic Oxygenation: YES / NO L/min (<1y = 5L; 1-7y = 10L; ≥ 8y = 15L)							
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:
 \_\_\_\_\_\_\_

#### Immediate Pre-Intubation Procedure TIME OUT

CHOP ver. 8

Page 1 of 2

Time: \_\_\_\_\_

□ Front page 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 Plan: Review and revise the FRONT PAGE plan

Right Prep: Patient accessible and positioned correctly, bed cleared for intubation, working IV?

Right Equipment: SOAP (Suction, Oxygen, Airway, Personnel), IV fluid bolus readily 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? Double press ASCOM Alert Button, or call Emergency# 4CODE State: "Stat 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: \_

Designate who will press record if CMAC is in use

All elements of the pre-intubation timeout completed

### Post-Procedure TIME OUT

All team members performed well without technical/communication challenges.

Or

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\*\*