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



Date: _____ Time: _____ [Place patient sticker/stamp here]

ЭН

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 desaturation during intubation	YES	NO
For:	Increased ICP, pulmonary hypertension, need to avoid hypercarbia	YES	NO
	Unstable hemodynamics (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**