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**