Optimize patient condition and position pre-intubation

Pre-operative Team Briefing to discuss plans. Include Anaesthetic Plan A, B, C, D

Pre-operative assessment including airway assessment

Stop! COVID-19

People

Minimize Exposure

Personal Protection

Protect the airway barrier

Viral filter in breathing circuit (HEPA/HMEF)

N95/FFP mask, gown, hat, eye protection, gloves (double glove for airway management)

No non-essential personnel during intubation & extubation

Equipment for IV access + Fluids, Intubations, Blood if required

Drugs – RSI Induction & NM Blockade, Emergency Drugs, Anaesthetics, Antibiotics, Others

Working Suction + Suction Catheter

Airway Adjuncts - Bougie, Supraglottic Airway (2nd Generation if available), Oral Airway

Airway Equipment - Mask, Laryngoscope (VL if available), ETT, Syringe, Tie/Tape, Stylet

Supplies

Needs

Operative

Anticipate

Equipment for IV access + Fluids, Intubations, Blood if required

Drugs – RSI Induction & NM Blockade, Emergency Drugs, Anaesthetics, Antibiotics, Others

Working Suction + Suction Catheter

Airway Adjuncts - Bougie, Supraglottic Airway (2nd Generation if available), Oral Airway

Airway Equipment - Mask, Laryngoscope (VL if available), ETT, Syringe, Tie/Tape, Stylet

Minimize Aerosol Generation

Avoid or Minimize Aerosol Generation

Continue ETT placement with capsulography if available, or traditional methods

Initiate ETT cut before ventilation & avoid unnecessary disconnections

Avoid mask ventilation unless hypoxic (if required: Z-handed, low flow, low pressure)

Pre-oxygenate (2-handed, light seal, low flow, >3 mins)

Minimize Exposure

Stop! COVID-19

Does this case have to go to the OR? Slow down, slow is safe?