**Prerequisites**

- Are O₂ and ventilation stable enough to allow time for the pause?  
- Are Goals of Care R1 or R2?

| Name tags on |
| Minimize personnel in room: |
| Experienced provider intubating, Drugs RN/MD, RT |
| Outside room support: |
| Recorder, PPE monitor, Runner RT, Backup intubator |

| C-spine |
| Equipment RT |
| Meds RN |

| Full PPE: N95 respirator, goggles +/or face shield, gown, gloves |

**Patient**

- Predicted difficulties / mitigation strategies?  
  Anatomic and physiologic

- Cricothyroid membrane identified?  
  Consider marking

- Position optimal?  
  Patient and Intubator

- Oxygenation maximized  
  Nasal Prongs

- Read out current vitals:  
  Monitor alarms on

- Who will read out SpO₂?  
  Threshold for action:  
  2 person-2 handed manual ventilation only if O₂ delivery is failing  
  (Recommended threshold: SpO₂ <70%)

- Who will record the time?  
  Threshold for action:

**Drugs**

- Functional IV/IO?  
- Pretreatments required?  
  Fluids, pressors, bicarbonate

- Estimated patient weight:

- Drugs and doses:  
  Contraindications?

- Post-intubation drugs  
  Sedation, analgesia

- If no contraindications, use Modified RSI:
  - Rocuronium 1.2-1.6 mg/kg (ideal body weight)
  - Succinylcholine 1.5-2 mg/kg (total body weight)

**Respiratory**

- Bagger, PEEP valve, oral airway and suction ready?

- What sizes laryngoscope and ETT prepared?

- Where is the DAM³ cart?

- End tidal CO₂ ready?

- Critical ventilation considerations:
  - Lung protective strategy: Vt 6-8 mL/kg IBW, Pplat < 30 cmH₂O, optimal PEEP

**Plan**

Please verbalize:

- Plan A
- Plan B

**Questions/Concerns?**

- When to call back up²  
- Exit Plan  
- Emergency Plan

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1. ELM = External laryngeal manipulation
2. Back up = i.e. 2nd MD, anaesthesia etc
3. DAM cart = Difficult Airway Management Cart

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Reference: ILI/COVID-19 Airway Management Best Practice Considerations V5 March 31, 2020