Steps to Intubation – “APPROACH”

☐ DL-5 min  Assess the airway, Assign team roles.
☐ DL-4 min  Preoxygenate considering risks of aerosolization.
☐ DL-3 min  Prepare patient, meds, equipment.
☐ DL-2 min  Review primary, backup plans.
☐ DL-2 min  Oxygen cutoffs to abort/return to ventilation.
☐ DL-1 min  Administer medication(s), only after above completed.
☐ DL  Confirm placement with two indicators; CO$_2$.
☐ Post DL  Hold ETT until secure, sedation/analgesia.

PLAN A:  RSI, videolaryngoscope
Failed? Make a change for next attempt.

PLAN B:  Call for additional help
Failed? Ventilate, consider iEGA, bougie.

PLAN C:  Cricothyroidotomy
Continue iEGA ventilation efforts.

* Airway Back-up personnel phone/pager:

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**Airway Management Checklist (Adjusted for COVID-19)**

DATE:  
TIME:  
ROOM:  
TEAM LEADER:  
MEDICATIONS:  
WATCHER:  
BVM TEAM (2):  
INTUBATOR:  

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**Equipment**

☐ BVM with oxygen; HEPA filter
☐ PEEP valve for BVM
☐ Oral/nasal airways, sized
☐ Free-flowing IV w/ 1L crystalloid
☐ Video laryngoscope w/ blades
☐ CO$_2$ detector (waveform, ET)
☐ RIGHT SIDE, ONLY
  ○ ETT, stylet, syringe attached
  ○ ETT cuff check
  ○ Suction
☐ Back-up equipment present
  ○ Intubating EGA
  ○ Bougie
  ○ Laryngoscope (backup)
  ○ Cricothyrotomy kit

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**Positioning**

☐ Headboard off, consider HOB 30o
☐ Ear to sternal notch – patient “sniffing”
☐ Head extension
☐ Height of bed to intubator’s xiphoid

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**Planning**

☐ Plan A verbalized?
☐ Plan B verbalized?
☐ Plan C verbalized?
☐ Called for help?

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**Medications**

☐ Induction, present for all intubations 70 kg Dose*
  ○ Etomidate 0.3 mg/kg*, or 20 mg*
  ○ Ketamine 1-2 mg/kg*, or 20 mg*
  ○ Propofol 1.5 mg/kg*, or 100 mg*
☐ Paralytic, present for all intubations
  ○ Succinylcholine 1-1.5 mg/kg**, or 110 mg
  ○ Rocuronium 0.6-1.2 mg/kg 50 mg
☐ Pressors, present for all intubations
  ○ Phenylephrine, or 100 mcg
  ○ Norepinephrine 5 mcg

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**Notes**

*For hypotension, hypovolemia, elderly consider 50-75% dose

**Succinylcholine Contraindications: burns>24hr, active neuromuscular disease, stroke >7d-6mos, crush injury > 7d, significant hyperkalemia, history of malignant hyperthermia

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Updated 4-5-20 to reflect COVID-19 considerations. Checklist only—not a substitute for clinical judgment or guide to intubation.