• PERSONAL PROTECTIVE EQUIPMENT
  □ Contact precautions
    □ Gown
    □ Double glove
    □ Boots
  □ Airborne precautions
    □ Powered air purifying respirator (PAPR)
    □ N95 mask and eye protection
• MEDICATIONS
  □ Induction medications (propofol, etomidate, etc.)
  □ High dose paralytic to prevent coughing (succinylcholine or rocuronium)
  □ Rescue medications (atropine, epinephrine, etc.)
• AIRWAY EQUIPMENT
  □ Disposable handle and blade (mac 3, mac 4, miller 2 available)
  □ McGrath available (mac 3, mac 4, D-blade)
  □ Suction, ETT, stylet, bougie, back up O2 source
  □ AMBU bag with
    □ Peep valve
    □ HEPA FILTER
• PROCEDURE
  □ Attending Anesthesiologist to perform intubation
  □ Limit staff in room: CRNA/Resident to pass supplies from box into room
  □ Minimize BMV, aerosolizing infectious particles
    □ Preoxygenate with 100% FiO2 either via BiPAP or AMBU with PEEP valve at 10cm H20. Don’t initiate BiPAP if not on yet to prevent aerosolization
  □ RSI to prevent BMV unless absolutely necessary
  □ After induction to prevent de-recruitment hold positive pressure with AMBU and PEEP valve without providing breaths. Proceed expeditiously to intubation.
  □ Inflate ETT cuff prior to ventilation
  □ Ventilate only after HEPA filter is in circuit
  □ Remove outer gloves after intubation
  □ Check tube position with ETCO2 and chest x-ray (avoid auscultation unless necessary)
  □ Secure ETT
• Post procedure
  □ Remove PPE according to CDC/MMC guidelines
  □ Wash or use alcohol based hand sanitizer once out of room
  □ Use purple top sanitation wipes on all non-disposable equipment
  □ Consider changing into clean scrubs

References: