

## CHECKLIST

- Facemask - 2, 3, 4 & 5
- VL - CMAC / McGrath
- Direct Laryngoscope
- All blades including D
- Stylet and bougie
- ETT (PVC) sizes - 5.5 to 8.5 mm ID
- Guedels and Nasal Airways
- I-gel, Proseal LMA
- HME / Viral filter
- Catheter mount
- Tube fixation
- Plastic cover/acrylic box
- Suction catheters : 12/14/16
- Closed suction catheter
- Suction machine
- Check ventilator settings
- Clamp for ETT
- Monitoring : ECG, NIBP, SpO<sub>2</sub>, EtCO<sub>2</sub>
- Cricothyrotomy set : Scalpel, Bougie, size 6 cuffed ETT
- Ambu bag
- Nasal prongs

## DRUGS REQUIRED

- Induction : propofol, etomidate, ketamine, fentanyl
- Muscle relaxant : Succinylcholine, rocuronium
- Atropine : 5 ml of 0.12 mg/ml
- Adrenaline : 10 ml of 1:100 conc.
- Vasopressors : Mephentermine / Norad
- 2% lignocaine jelly
- MDI - Asthalin inhaler
- Xylocard, Ondansetron

## INTUBATION

### DOs

- Consider in all cases : High Risk Procedure
- Full PPE with Face Shield/ Goggles + Hand Hygiene
- Limit Personnel during Intubation
- Most Experienced Anaesthetist to Intubate
- Patient enters with Mask On
- Use Acrylic Aerosol Box with Transparent Sheet
- Keep Appropriate Size Lubricated Cuffed ETT Ready (if using Bougie, Preload on ETT)
- 2-Handed 2-Person Mask Ventilation With VE-grip, not CE-grip
- Use HME Viral filter

### DON'Ts

- AVOID BMV TO REDUCE AEROSOLS, IF REQUIRED USE SMALL TV & LOW FLOW
- DO NOT INTUBATE BEFORE COMPLETE NM BLOCKADE
- DON'T PROLONG INTUBATION TIME, LIMIT TO 15-20 SECS
- AVOID DISCONNECTIONS : USE CLAMP BEFORE DISCONNECTION, PUSH-TWIST AND CHECK ALL CONNECTIONS
- DO NOT VENTILATE BEFORE CUFF INFLATION

## INTUBATION SEQUENCE

- PREOXYGENATION 100% FiO<sub>2</sub> X 3-5 min WITH WELL FITTED MASK
- RSI DRUGS PROPOFOL + ROCURONIUM / SUCCINYLCHOLINE
- VIDEOLARYNGOSCOPY WITH STYLET / BOUGIE
- ETT CUFF 1-2 cm BELOW VOCAL CORDS & INFLATE BEFORE VENTILATION, CONNECT CIRCUIT
- CONFIRM BY EtCO<sub>2</sub> & CHEST-RISE, SECURE WITH TAPE

## DIFFICULT AIRWAY MANAGEMENT

**Plan A : Tracheal intubation**

- Laryngoscopy
- Max 3 attempts
- Full NM blockade
- VL +/- Bougie/Stylet
- External laryngeal manipulation

**Plan B/C : Rescue Oxygenation**

- Second generation SAD and ventilate ↔ Face mask (use 2-person technique / adjuncts)
- Max 3 attempts each : Change device / size / operator
- FONA set to be opened

**Plan D : Emergency Front Of Neck Access (FONA)**

- Use FONA set : Scalpel Cricothyrotomy
- Extend Neck
- NM blockade

**Successful : Options are**

- wake patient if planned
- Intubate via SAD X 1
- FONA

## EXTUBATION

**Preparation**

- Assess patient's risk & suitability for extubation, Minimize staff exposure, Staff involved should don PPE
- Analgesia, prophylactic anti-emetics, Xylocard / Fentanyl to minimize bucking / coughing / agitation
- Use aerosol box, perform Ryle's tube suction and oral suction with caution

**Procedure**

Mask-Over-Tube Extubation Technique - (a) ETT positioned at one corner of mouth with fixation removed. (b) Facemask with filter positioned to create seal over face and ETT, cuff deflated (c) Assistant withdraws ETT from under the side of facemask using 2 hand technique. (d) ETT detached and circuit connected to second filter on the facemask

**Post-Extubation Concerns**

- Use nasal prongs for O<sub>2</sub> supplement, place a surgical mask on the patient, Staff members should confirm integrity of PPE
- Patient should be handed over to another member outside the room and the personnel involved in extubation should proceed to doffing, not accompany the patient
- Ventilation circuits, humidifiers, and CO<sub>2</sub> absorbent should be discarded after single use
- All anaesthesia equipment & surface should be decontaminated before and after each procedure
- The room requires 30 min holding time after extubation
- When the anaesthesia circuit needs to be disconnected from patient end, disconnect leaving HME filter attached to ET tube and clamp ET tube
- If laryngospasm occurs consider early use of drugs and minimize positive pressure ventilation by bag-mask
- If apnea occurs give bag-mask ventilation holding mask with 2 hands, assistant should do bagging, delivering low tidal volume & low pressure