



STAGES

YOUR TASKS

OUTSIDE PURPLE AREA

PURPLE AREA

OUTSIDE PURPLE AREA

- | | | |
|----|---|--|
| 1 | Plan, prepare & anticipate | <ul style="list-style-type: none"> Brief team & assign roles & hand out role cards. Agree airway plan (A-D, see back of Drugs & CVS Mx action card) including wake up considerations. Agree drug plan. Clarify if cricoid pressure required Identify and prepare for breathing and circulation difficulties. Agree drug doses/volumes. Explain closed loop communication. |
| 2 | PPE | <ul style="list-style-type: none"> Don full PPE <ul style="list-style-type: none"> If transferring patient post intubation, wear 2 x body length gown, if not transferring, wear 1 x body length gown; 2 x gloves Plastic apron Air fed hood OR FFP3 & visor |
| 3 | Optimise patient, check monitoring & equipment | <ul style="list-style-type: none"> Assess & optimise airway, preoxygenate using C circuit and viral filter. Avoid BMV. Set up ventilator if appropriate. Ensure those not in PPE out of room. Check capnography. |
| 4 | Give drugs | <ul style="list-style-type: none"> Pause with team before induction. Give instruction for induction drugs. |
| 5 | Intubation | <ul style="list-style-type: none"> Clearly state "tongue, epiglottis, grade ... tube through cords, cuff up please". Clearly state "bougie" if required. Clearly state "Failed intubation " if tube placement not possible after 3 attempts. Move to DAS guideline on reverse of Drugs & CVS Mx card. |
| 6 | Confirm intubation & secure ETT | <ul style="list-style-type: none"> Connect C circuit and viral filter. Ventilate after airway assistant confirms cuff up. Use closed loop communication with Drugs & CVS member regarding chest movement and capnography trace. Call out position of ETT – e.g. "21cm at teeth" Push & twist all connections |
| 7 | Continue Ventilation | <ul style="list-style-type: none"> Continue bag ventilation. Use C Circuit until attached to definitive ventilator (avoid use of transfer ventilator). If disconnecting circuit at any point, clamp tube during inspiration. |
| 8 | PPE | <ul style="list-style-type: none"> If transferring from ward / theatre / ED remove outer gown and gloves before transfer. Otherwise doff PPE as per policy. |
| 9 | Dispose equipment & clean | <ul style="list-style-type: none"> Disposal of all single use equipment, clean all reusable equipment and space as per policy. |
| 10 | Debrief | <ul style="list-style-type: none"> Debrief (shown on reverse of summary page) |



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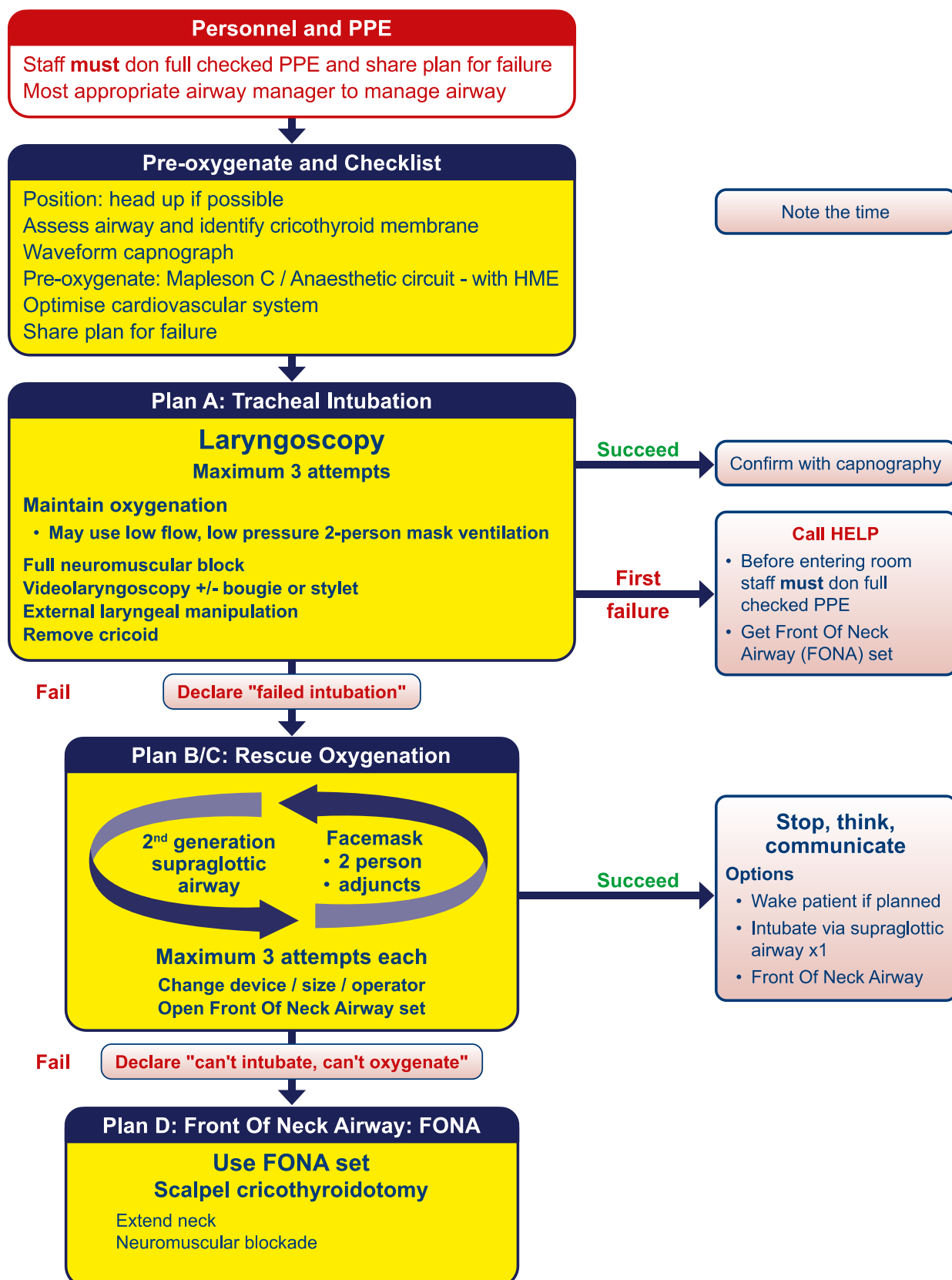
PURPLE AREA

OUTSIDE PURPLE AREA

1	Plan, prepare & anticipate	<ul style="list-style-type: none"> • Agree on choice of drugs (default propofol / rocuronium +/- fentanyl) and prepare using Drug Dump. Set up Propofol infusion. • Agree actions if cardiovascular deterioration. • Review DAS guidelines on the reverse of this card. • Clarify closed loop communication including "rocuronium in"
2	PPE	<ul style="list-style-type: none"> • Don full PPE <ul style="list-style-type: none"> • If transferring patient post intubation, wear 2 x body length gown, if not transferring, wear 1 x body length gown; • 2 x gloves • Plastic apron • Air fed hood OR FFP3 & visor
3	Optimise patient, check monitoring & equipment	<ul style="list-style-type: none"> • Check IV access is patent and IV fluids running. • Ensure induction drugs ready. • Ensure SpO2 & ECG attached. • Ensure NIBP on 1 min cycle. • Ensure Propofol infusion ready. • Speak up with concerns / clarifications.
4	Give drugs	<ul style="list-style-type: none"> • Give induction drugs on instruction of airway lead. • Clearly state "Fentanyl in, Propofol in, Rocuronium in" and call out time. • If SBP < 100, give ephedrine 2-3ml if HR <80, give metaraminol 1ml if HR >80 Monitor observations. • Inform team if SpO2 < 85% at any stage
5	Intubation	<ul style="list-style-type: none"> • If "Failed intubation" declared by airway lead call out DAS guidelines on reverse of this page.
6	Confirm intubation & secure ETT	<ul style="list-style-type: none"> • Call out "Capnography, chest movement" when seen. • Use closed loop communication with airway lead.
7	Continue Ventilation	<ul style="list-style-type: none"> • Start propofol infusion. • Metaraminol / ephedrine as directed by BP and HR.
8	PPE	<ul style="list-style-type: none"> • If transferring from ward / theatre / ED remove outer gown and gloves before transfer. Otherwise doff PPE as per policy.
9	Dispose equipment & clean	<ul style="list-style-type: none"> • Disposal of all single use equipment, clean all reusable equipment and space as per policy.
10	Debrief	<ul style="list-style-type: none"> • Debrief (shown on reverse of summary page)

Tracheal intubation of critically ill adults

Adapted for COVID-19



This flowchart forms part of the 2020 COVID-19 Airway Guideline for tracheal intubation. Refer to the full document for further details.



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- | | | |
|----|---|---|
| 1 | Plan, prepare & anticipate | <ul style="list-style-type: none"> • Establish airway plan with airway lead. • Check and set up airway equipment and lay out on Kit Dump. • Clarify closed loop communication including "cuff up" |
| 2 | PPE | <ul style="list-style-type: none"> • Don full PPE <ul style="list-style-type: none"> • If transferring patient post intubation, wear 2 x body length gown, if not transferring, wear 1 x body length gown; • 2 x gloves • Plastic apron • Air fed hood and FRM OR FFP3 & visor |
| 3 | Optimise patient, check monitoring & equipment | <ul style="list-style-type: none"> • Optimise position in conjunction with airway lead - head extension, neck flexion, 30 Degree head of bed. • Use pillows if required. • Identify cricoid if required • Check suction switched on, working, placed under pillow. • Assist airway doctor with capnography set up. • Speak up before intubation if any concerns / clarifications. |
| 4 | Give drugs | |
| 5 | Intubation | <ul style="list-style-type: none"> • Apply cricoid pressure if directed by airway doctor. • Be prepared to pass laryngoscope, tube +/- bougie, stylet, igel, guedel when requested. • Inflate cuff using 7 ml of air when airway doctor calls out "Cuff up, please." and call out "Cuff up". |
| 6 | Confirm intubation & secure ETT | <ul style="list-style-type: none"> • Secure tube with tie as directed by airway lead |
| 7 | Continue Ventilation | |
| 8 | PPE | <ul style="list-style-type: none"> • If transferring from ward / theatre / ED remove outer gown and gloves before transfer. Otherwise doff PPE as per policy. |
| 9 | Dispose equipment & clean | <ul style="list-style-type: none"> • Disposal of all single use equipment, clean all reusable equipment and space as per policy. |
| 10 | Debrief | <ul style="list-style-type: none"> • Debrief (shown on reverse of summary page) |



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OUTSIDE PURPLE AREA THROUGHOUT PROCEDURE

- 1 **Plan, prepare & anticipate**
 - Establish need for additional or unanticipated equipment, drugs and other resources from team.
 - Source trolley to pass equipment into room during intubation.
 - Walkie talkies may aid this role if available.
- 2 **PPE**
 - Don own PPE.
 - Assist team with donning full PPE.
- 3 **Optimise patient**
 - Gather information and coordinate activities to and from other team members out with the purple area.
 - In exceptional circumstances provide additional equipment for those in room.
 - Avoid handling contaminated equipment directly.
 - Pass equipment between areas using trolley.
- 4 **Give drugs**
- 5 **Intubation**
- 6 **Confirm intubation & secure ETT**
- 7 **Continue Ventilation**
- 8 **PPE**
 - Assist with team doffing PPE if appropriate.
- 9 **Dispose equipment & clean**
 - Establish plan for environmental clean with local team if applicable.
 - Assist with disposal of single use equipment and collect.
 - Establish plan for cleaning reusable equipment.
- 10 **Debrief**
 - Debrief (shown on reverse of summary page).