CHECKLIST FOR COVID-19 SUSPECTED OR CONFIRMED PEDIATRIC AIRWAY MANAGEMENT – OR / ICU / ED

Preparation

- **Confirm Roles and Plan with Team**
  - Only essential personnel in room
  - Runner stays outside room
  - Minimize traffic
  - Minimize drawer use
- **Confirm/Organize Equipment**
  - Video laryngoscope (VL) + DL; disposable preferred
  - Cuffed ETT – 2 sizes
  - Stylet; rigid stylet for VL
  - Syringe for cuff
  - HEPA filter
  - Oropharyngeal airway – 2 sizes
  - LMA (second-generation SGA preferred)
  - Securement device
  - In-line suction, additional suction
  - Facemask and circuit
  - Consider clear plastic drape
  - Difficult airway equipment if anticipated
- **Prepare medications**
  - Induction: Sedative, Paralytic (rocuronium 1.5 mg/kg), saline flush
  - Emergency: EPINEPHrine 10 MICROgrams/mL
  - Post-intubation sedation
- **Ventilator:** $EtCO_2$, in-line suction, parameters
- **Don PPE** with buddy system or visual aid
- **Ensure IV access**

Preoxygenation

(If patient wearing non-invasive ventilation with filter: pre-oxygenate with NIV)

- Place HEPA filter on facemask, place circuit on filter
- Set flow to 6L/min O_2
- If other O_2 device (NC, simple mask) present: turn off O_2 and remove
- Place facemask, ensure tight seal, pre-oxygenate for 3-5 minutes
- Consider clear plastic drape over mask; can be left in place during intubation
- **Avoid manual ventilation unless for rescue**
- **Avoid apneic oxygenation**
  - If needed, use low-flow NC (<5L/min)

Difficult Airway

- **Avoid awake fiberoptic intubation** unless absolutely necessary
- **Suggested Pathway:**
  - 1st Videolaryngoscopy
  - 2nd Fiberoptic through LMA
  - 3rd Combined fiberoptic with VL
  - 4th Consider invasive airway (FONA/surgical)

Intubation

- The **most experienced laryngoscopist** should perform intubation
- RSI; give medications with flush
- Intubate; video laryngoscope preferred. If unsuccessful:
  - Give gentle positive pressure ventilation with oral airway and two-person technique between attempts
  - **If ventilation difficult or 2nd attempt unsuccessful, place LMA, go to Difficult Airway**
- Use outer glove to cover laryngoscope blade, place in sealable biohazard bag
- Inflate ETT cuff prior to ventilation
- Transfer HEPA filter to ventilator circuit, if needed
- Connect to ventilator; begin ventilation
- Use $EtCO_2$ and bilateral chest rise to confirm placement and determine depth
- Secure tube
- Change gloves and perform hand hygiene after intubation
- Follow institutional PPE protocol when disposing of equipment and doffing PPE

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