**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: EtCO₂, in-line suction, parameters**

- **Don PPE with buddy system or visual aid**

- **Ensure IV access**

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**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 O₂
  - If other O₂ device (NC, simple mask) present: turn off O₂ 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)

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**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 EtCO₂ 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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**Difficult Airway**

- **Avoid awake fiberoptic intubation unless absolutely necessary**

- **Suggested Pathway:**
  1<sup>st</sup> Videolaryngoscopy
  2<sup>nd</sup> Fiberoptic through LMA
  3<sup>rd</sup> Combined fiberoptic with VL
  4<sup>th</sup> Consider invasive airway (FONA/surgical)
References:


