



GSA HEMS / Medical Retrieval

COVID-19 Emergency Anaesthesia Checklist
V 2.0 13th July 2021

START PreOx taking place review Intubation Sequence

AIRWAY PLAN

Confirm paralysis
BVM/circuit place to face away from team
CMAC VL -> bougie -> ETT
Bougie out (secretion control with gauze)
Cuff up (under vision)
Connect Circuit to ETT
Confirm HME filter present
Ventilate under vision (check cuff seal)
CMAC out (secretion control) - to dirty space
 (If reoxygenation required consider iGel before gentle BMV)

Airway Plan Verbalised..... Check

Roles allocated – Red Team, Orange, Others Check

PPE (buddy check)..... Check

Orange role and emergency brief complete..... Check

Retrieval Ventilator set up and checked Check

Drugs and Doses.....RSI, ongoing infusions, Vasopressors..... Check

Circuit: catheter mount, HME filter,capnograph- push and twist..... Check

OPA..... Check

Laryngoscope - CMAC light, screen to operator, recording..... Check

Tube (checked and lubed) , Syringe, Tube tie..... Check

Bougie chosen and shaped, gauze and clamp available..... Check

iGel (hot zone) and Cric Set identified (cold zone) Check

PreOx – two handed tight seal, BVM inflating (O₂ flow 10lpm), PEEP..... Check

Monitor applied (ECG, Bp, SpO₂, waveform CO₂)..... Check

Haemodynamics optimized – fluid/vasopressors?..... Check

Optimal position: Head up 45 degrees, Ramped (ear-sternal notch)..... Check

Wall Suction tested (avoid portable)..... Check

Fluid runs easily, NIBP cuff other limb, Second access..... Check

PPE (buddy check)..... Check

“CHECKS COMPLETE. ANAESTHETISING AT --”

Post Intubation

Ensure no cuff leak

Consider In-Line suction and OG tube

BE AWARE IF HME REMOVED THAT VENTILATOR PAUSE/TUBE CLAMPED

Clean and double bag the CMAC - do not throw away