<table>
<thead>
<tr>
<th>Airway Doctor 1</th>
<th>Airway Provider 2</th>
<th>Skilled Assistant</th>
<th>Runner</th>
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</thead>
</table>
| Daytime: PACU Faculty  
Nighttime: On Call Faculty | Daytime: CA-3  
Nighttime: CA-3  
Mott: CRNA or Fellow | Bedside Nurse and/or Resp Therapist | Primary service team provider (outside of the room UH/CVC) in PPE consisting of N95, glove, MOTT. Tech in gown & disposable eye protection |

### Materials to gather and PPE to don before arriving to airway

2. **Equipment:** Get code Glidescope GO and Airway Bag. Ensure Airway Bag contains: 7.0 ETT, VL Blades (hyperangulated 3 and MAC 4), disposable Glidescope stylet, standard stylet, Bougie, SGA iGel 4, oral airways, hydrophobic HME filter, lubricant, Clorox wipes, and drug bag.

**PPE:** DON Full water proof gown, N95 Mask and PAPR, goggles, double gloves and a second surgical gown upon arrival to location (within Airway Bag).

### Airway Management Procedure

3. • Avoid the following unless clinically necessary: CPAP, BIPAP, High-Flow Nasal Oxygen (HFNO), suctioning, and AFOI
• Ensure a hydrophobic HME filter is between mask and Ambu bag or circuit
• Perform pre-procedure timeout (verify roles and induction/airway plan)
• Pre-oxygenate for 5 minutes
• Rapid Sequence Induction (AVOID BAG MASK VENTILATION unless if clinically necessary)
• Videolaryngoscopy with GlideScope GO for intubation – Discussion with Team faculty and CA-3 regarding roles and responsibilities
• Inflate cuff, place HME filter, confirm end tidal CO2 and hand off to RT to attach to the ventilator to tube with hydrophobic HME filter on tube

**If requiring chest compressions with ACLS, stop compressions for intubation**

### Post Intubation and Equipment Disposal

4. • Dispose of drugs in patient room in sharps container
• Remove outer gown and gloves wrapping away from you and include videolaryngoscope blade in disposal pieces.
• Wipe GlideScope GO well with Clorox wipes (with clean gloves) ensuring complete coverage and hand to the Runner outside room (both to have Chlorox wipe in hand)
• Remove remainder PPE except N95, PAPR Hood, Goggles in room. Be sure to immediately remove protective equipment while keeping sterilization and avoiding self-contamination. Dispose of this into designated garbage to be immediately removed.
• Purell on hands and then place another pair of clean gloves outside room
• Remove PAPR hood (by disconnecting tubing and pull from back of hood) and throw into garbage immediately outside patient room
• Dispose of gloves and wash hands or use Purell
• Remove and dispose of goggles and N95
• Wash hands again or use Purell and place another pair of gloves
• Properly disinfect GlideScope GO Screen Again and then dispose of gloves and wash hands or use Purell
• Avoid touching face between steps and be sure to wash hands and/or use an alcohol based prep

*Adapted and modified for Michigan Medicine from the NHS Barts Health Royal London Hospital protocol template*