* PERSONAL PROTECTIVE EQUIPMENT
  + - Contact precautions
      * Gown
      * Double glove
      * Boots
    - Airborne precautions
      * Powered air purifying respirator (PAPR)

Or,

* + - * N95 mask and eye protection
* MEDICATIONS
  + - Induction medications (propofol, etomidate, etc.)
    - High dose paralytic to prevent coughing (succinylcholine or rocuronium)
    - Rescue medications (atropine, epinephrine, etc.)
* AIRWAY EQUIPMENT
  + - Disposable handle and blade (mac 3, mac 4, miller 2 available)
    - McGrath available (mac 3, mac 4, D-blade)
    - Suction, ETT, stylet, bougie, back up O2 source
    - AMBU bag with
      * Peep valve
      * HEPA FILTER
* PROCEDURE
  + - Attending Anesthesiologist to perform intubation
    - Limit staff in room: CRNA/Resident to pass supplies from box into room
* Minimize BMV, aerosolizing infectious particles
  + Preoxygenate with 100% FiO2 either via BiPAP or AMBU with PEEP valve at 10cm H20. Don’t initiate BiPAP if not on yet to prevent aerosolization
* RSI to prevent BMV unless absolutely necessary
* After induction to prevent de-recruitment- hold positive pressure with AMBU and PEEP valve without providing breaths. Proceed expeditiously to intubation.
* Inflate ETT cuff prior to ventilation
* Ventilate only after HEPA filter is in circuit
* Remove outer gloves after intubation
* Check tube position with ETCO2 and chest x-ray (avoid auscultation unless necessary)
* Secure ETT
* Post procedure
  + - Remove PPE according to CDC/MMC guidelines
    - Wash or use alcohol based hand sanitizer once out of room
    - Use purple top sanitation wipes on all non-disposable equipment
    - Consider changing into clean scrubs