MIST BUNDLE CHECKLIST

COLD ZONE

HOT ZONE

WARIVI ZONE

- Determine the risk-benefit ratio of intubation
- ☐ Allocation of roles to the team members
- ☐ Use of closed-loop communication

Role of Registered Respiratory Therapist (RRT)

- ☐ Pre-set the ventilator for pre-oxygenation
- Ensure sturdy connection of ventilator tubing
- ☐ Equipment in intubation trolley
 - Intubation unit
 - O Macintosh Laryngoscope with blade size 3 and 4 in a sterile tray
 - O Video laryngoscope preferred (if available)
 - O Stethoscope
 - Cuffed ET tube
 - ET Tube fixator
 - O IV fluid with infusion set
 - O Zip lock bags

Role of Registered Nurse (RN)

- ☐ Preload drugs with labelled syringes
- Drugs
 - Inj. Etomidate (0.3mg/kg body wt) or Inj. Ketamine (1-2 mg/kg body wt)
 - O Inj. Rocuronium (1-1.2mg/kg body wt)
 - Vasopressor (if required)
 - O Infusions for sedation and paralysis

PPE

☐ Donning according to standard principles

Role of Team Leader (TL)

- ☐ Proper mask seal with NIV + Optimize patient position
- ☐ Adequate pre-oxygenation for 3mins until saturation is >88%
- Remove NIV mask only after the ventilator is on standby mode
- ☐ Ensure visual passage of bougie through the vocal cords
- ☐ Secure tube with tube fixator
- ☐ Place the laryngoscope with tray into a zip lock bag

Role of Registered Respiratory Therapist (RRT)

- ☐ Ensure functioning of wall mounted suction
- ☐ Start ventilator for pre-oxygenation AFTER adequate mask seal
- ☐ Keep ventilator on standby mode after the pre-oxygenation
- ☐ Place the NIV mask in a zip lock bag
- ☐ Preset the ventilator to ACMV for ventilation after intubation
- ☐ Assist the TL with the intubating unit while passing the bougie through the vocal cord
- ☐ Inflate the cuff immediately after tracheal intubation
- Remove the bougie and discard into pre-set disposition system
- ☐ Confirm tube position by ETCO2 monitor or five point auscultation
- ☐ Start mechanical ventilation only after cuff inflation
- ☐ Ensure there is no leak

Role of Registered Nurse (RN)

- ☐ Ensure the patency of IV access
- ☐ Communicate the vitals periodically to the TL
- ☐ Administer the inducting and paralytic agent
- ☐ Initiate sedation and paralytic infusions

- ☐ Careful equipment disposal
- ☐ Decontamination of reusable equipment
- ☐ Remove PPE
 - Standard doffing procedure
 - Meticulous disposal