

INTUBATION COVID-19

Preparation

TEAM MEMBERS

- ◇ In the room
 - ◇ Airway operator (most experienced available), RN, RT, VCC RN
 - ◇ RN & RT should be most experienced staff available
- ◇ Outside the room
 - ◇ 2nd airway operator and RN (runner for supplies/medications)

EQUIPMENT

- ◇ Airway cart with access to LMA, scalpel, & small ETT
- ◇ Video laryngoscope
- ◇ Direct laryngoscope
- ◇ ETT
- ◇ Bougie
- ◇ Ambu bag with connection to mask and viral filter (Picture #1)
- ◇ ETCO₂ detector
- ◇ Suction
- ◇ Oropharyngeal or nasopharyngeal airway

PPE/MEDICATIONS

- ◇ Gown
- ◇ Gloves
 - ◇ Airway operator to double glove
- ◇ N95 mask
- ◇ Head cover (hood)
- ◇ Face shield ± goggles
- ◇ Drugs for RSI
- ◇ Use highest recommended dose for NMBs
- ◇ IVP dose vasopressor

OTHER IMPORTANT INFO

- ◇ Remove personal items (ID badge, phones)
- ◇ All blinds up to ensure clear line of site into/out of room
- ◇ Discuss method of communication into/out of room
- ◇ Use COVID-19 Intubation Checklist to complete necessary items prior to entering room

INTUBATION

- ◇ Preoxygenate patient and ensure ventilator is prepared with in-line suctioning and viral filter
- ◇ Complete items on intubation checklist to be done inside the room
- ◇ Perform intubation with video laryngoscope and avoid bag-mask ventilation
- ◇ After tube is placed, inflate the cuff and connect ETT to filter, ETCO₂ and Ambu bag (Picture #2) before delivering a breath and confirm tube placement
- ◇ If patient still paralyzed, place on vent ASAP. If patient is not paralyzed, sedate and clamp tube prior to connecting to vent.

POST-INTUBATION

- ◇ Place all disposable airway equipment in sealed biohazard bag
- ◇ Disinfect all non-disposable equipment with alcohol-based sanitizing wipes (video laryngoscope)
- ◇ Adhere to strict doffing procedure
- ◇ Debrief with team

