Intubation of Confirmed or Suspected COVID-19 Patients

Planning

Timing

Consider intubation early
- Minimise staff exposure
- Maximise preparation

Remember
PAPR will take minimum 15 minutes to apply

Location

Intubation should occur in a ***negative pressure room with an anteroom***.

If this is not available, use a neutral pressure room with the door closed.

Patient Assessment

Early airway assessment by senior medical staff with clear documentation

If difficult airway is predicted contact Anesthesia for backup

Pre-oxygenate

3 minutes:
- 100% NRB mask or
- BVM + PEEP + 15L, NO bagging

Pre-calculate

ETT tube depth (MD Calc)

Plan A - Primary Plan

Intubation should be performed by the practitioner with the most airway management experience.

Use of Video Laryngoscopy (VL) is encouraged as 1st line for intubation

Plan B/C - Rescue Oxygenation

Supraglottic Airway Device (SAD) **is the preferred technique for rescue oxygenation**

Rescue oxygenation via Facemask can be used if the above fails
- Two person bagging technique
- Use adjuncts (Oral +/- Nasal airway)

Plan D - Front of Neck airway

Scalpel-bougie-tube cricothyroidotomy is the preferred technique[7]

Be prepared for a potential FONA
- Required equipment should be in the room for intubation

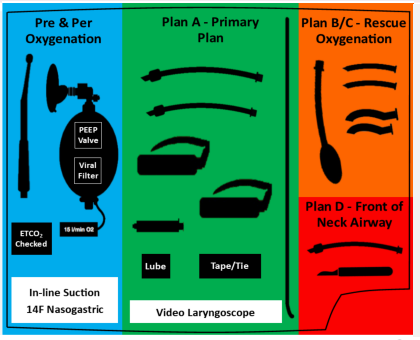
Equipment

PPE

(subject to change)

Airborne + Contact
PAPR (if available)
Impervious Gown
Non-sterile Gloves (tucked into gown or double glove)

PPE Monitor
Must supervise the application and removal of PPE

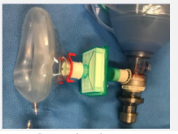


Intubation Equipment

Prepare pictured equipment on drop sheet on table outside room (All equipment required for Plan A-> D should be taken into room)

All Meds in room

- ❑ RSI Drugs + Flushes
- ❑ Post-intubation Sedation
- ❑ Pressors + IVFs



Personnel

Intubation Team Roles

3 personnel suggested (balances safe intubation & staff exposure)

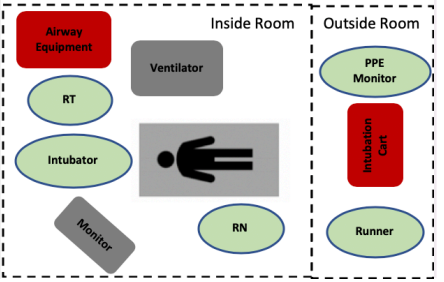
In-Room Roles

1. Provider = Team Leader / Intubator
   - **Write Plan on Board**
2. RT = Airway Assistant
3. RN = Drugs / Monitor

Out of Room Roles

4. Runner (Full PPE)
5. PPE Monitor

Suggested Room Organization



Drugs

Induction Agents

Use higher mg/kg dose of muscle relaxants to ensure rapid onset of optimal intubating conditions and reduce risk of patient coughing

Rocuronium 1.2 - 1.6mg/kg (IBW)
Suxamethonium 1.5 - 2.0mg/kg (TBW)

Allow 1 minute for adequate muscle relaxation

Induction

Modified Rapid Sequence Intubation

*We **recommend** a modified RSI approach*

Important modifications
- Do not routinely use Cricoid Force
- Avoid BVM ventilation during apnoeic period unless life-threatening refractory hypoxaemia
- Wait until the cuff is up post intubation to ventilate

Post

General Notes

- Confirm ETT position with $ETCO_2$
- Use closed suctioning system
- Avoid circuit disconnections
- Clamp ETT for planned disconnections

Complete a Team Debrief