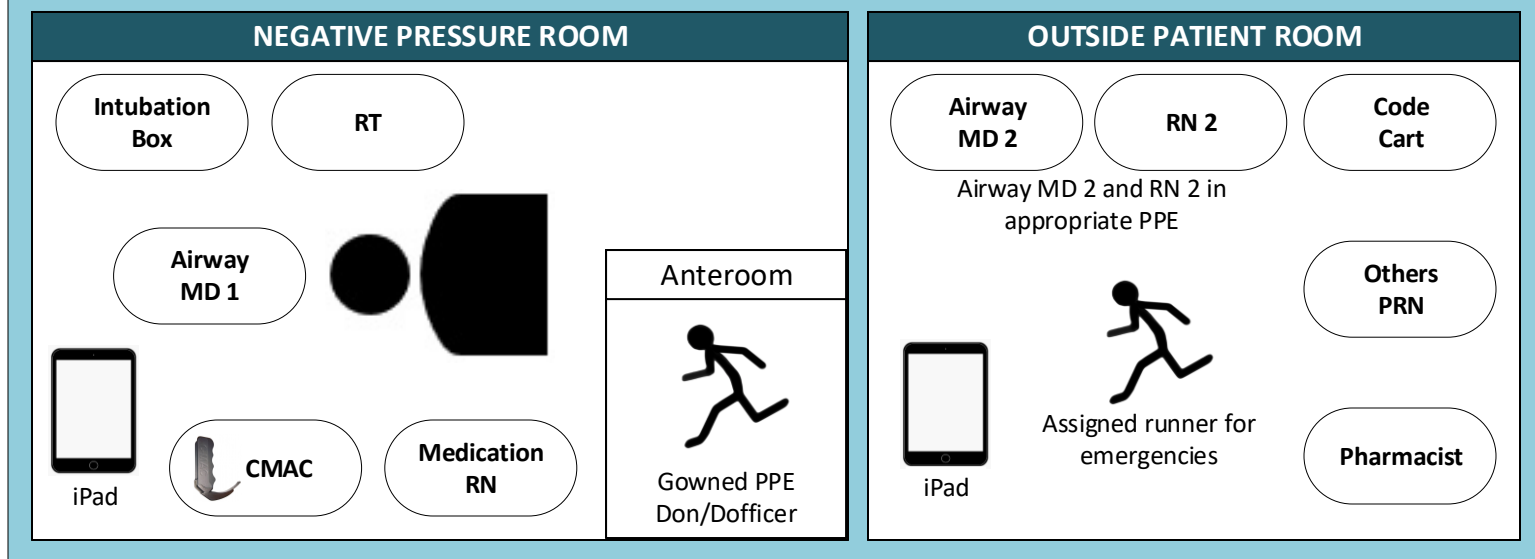


TEAM MEMBERS



AIRWAY MD OPTIONS

1. PICU Attending 1 + PICU Attending 2

2. PICU Attending 1 + Anesthesia Attending

COVID INTUBATION CHECKLIST

- | | | |
|--|--|---|
| <input type="checkbox"/> Call Anesthesia | <input type="checkbox"/> Ventilator | <input type="checkbox"/> RSI meds drawn up (see box below)
IV pumps pre-primed |
| <input type="checkbox"/> Video Laryngoscope | <input type="checkbox"/> Suction, LMA, oral nasal airways, NGT | <input type="checkbox"/> BVM with PEEP valve + EtCO ₂ + HEPA filter |
| <input type="checkbox"/> Proper sized blade, ETT & ETT clamp | <input type="checkbox"/> Intubation Box, clear drape, & chux | <input type="checkbox"/> Code cart outside of room |

CONTACT FOR ANESTHESIA

4-6199
- OR -
Vocera "Broadcast Anesthesia Help"

RSI MEDICATIONS

- **Atropine**, 0.02 mg/kg
- **Ketamine**, 4 mg/kg *or* **Fentanyl**, 3 mcg/kg
- **Rocuronium**, 2 mg/kg
- **Epinephrine**, 0.01 mg/kg
- **Consider Code Meds**
- If no IV access: consider IM ketamine 8mg/kg & Rocuronium 4 mg/kg

Special Considerations for Intubation

Patients on Special Airborne Contact Isolation Precautions

Patients on Special Airborne Contact Isolation precautions may have high consequence pathogens. The process of performing aerosol-generating procedures presents an increased risk of exposure for health care professionals. This guide should be used during intubation of these patients to minimize aerosol generation and exposure during airway management

Preparation

1 Establish Team Plan

Huddle outside of room and complete the pre-intubation checklist

Inside the Room

- Most experienced intubating MD
- Most experienced RT
- Primary RN
- Others as needed

In the Anteroom

- PPE don/doff observer (gowned)

Outside the Room

- Airway MD 2 (gowned)
- RN 2 (gowned)
- Resource and charge RN
- Documenting RN
- Pharmacist (prepare emergency medications)
- Ensure negative pressure mode active (tissue test)
- Resource RT

2 Gather Procedural Items

In the Patient Room Airway

- Ventilator
- CMAC
- Intubation box
- ETT securement device
- ETT clamp
- HEPA filter
- Laryngeal mask airway
- Oro/nasal airway
- Large bore NG tube
- Clear patient drape/cover
- Disposable chux/bag near intubator quick disposal of used equipment & gloves

Medications

- Atropine, 0.02 mg/kg, 1
- Rocuronium, 2 mg/kg, 2
- Ketamine, 4 mg/kg, 2 or
- Fentanyl, 3 mcg/kg, 2
- Epinephrine, 0.01 mg/kg, 2
- Consider code meds

Other

- iPad (comm device)

Outside the Patient Room Airway

- Intubation box
- Ventilator

Medications

- Code cart

Other

- Anteroom handoff table
- iPad (comm device)

3 Don PPE

Special Airborne Contact Isolation

- Gown
- Gloves
- Eye protection
- N-95 mask
- CAPR/PAPR intubating MD

Other Considerations

- Don/doff PPE utilizing buddy system or don/doff observer
- Remove jewelry prior to entering
- **Double gloves** and hairnet for intubating MD

Intubation

1 Pre-Procedure

- Place HEPA filter between resuscitation bag and mask
- Preoxygenate on HFNC with 100% FiO2
- Turn off flow to HFNC prior to removing cannula

2 Bag-Mask Technique

- **Avoid bag-mask ventilation if possible**
- Avoid apneic oxygenation to maintain mask seal
- Utilize two-hand VE grip

3 Procedural Methods

- Administer RSI medications: Sedation, paralytic, then flush
- Intubate with CMAC – Avoid direct laryngoscopy
- Inflate cuff prior to initiating BMV ventilation
- Place disposable EtCO2 and HEPA filter prior to initiating PPV
- Initiate PPV
- Clamp ETT prior to disconnecting bag from ETT
- Disconnect resuscitation bag and disposable EtCO2
- Connect ventilator
- Secure ETT after connecting to ventilator
- Dispose of **disposable** intubation equipment and outer gloves
- Clean **reusable** intubation equipment prior to removal and send for processing

Post-Procedure

1 PPE Removal

The doffing process poses the greatest risk for self-contamination

- Doff PPE utilizing buddy system or trained observer
- Reuse or dispose of PPE per the latest UNCH guidelines

2 Respiratory Care

- Avoid unnecessary circuit disconnections
- Clamp ETT prior to circuit disconnection

3 Other Considerations

- N-95 seals should be checked prior to entering the room
- If N-95 seal requires adjustment, the provider must exit the room to do so
- Intubating MD should **double glove** for intubation. After intubation, remove the outer set of glove and complete hand hygiene prior to proceeding
- Plan for arterial line and CVAD placement immediately after intubation