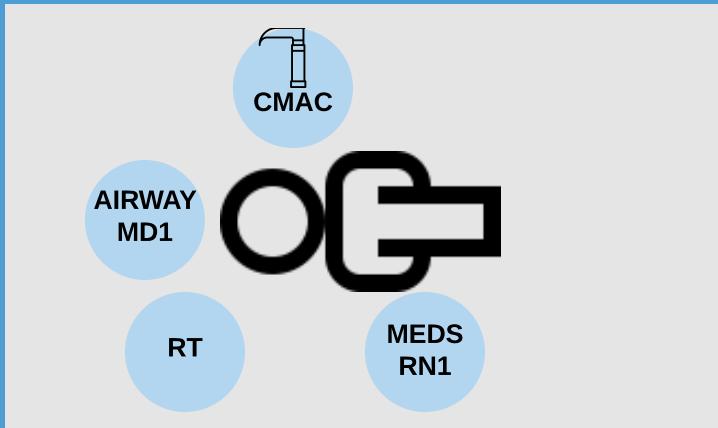


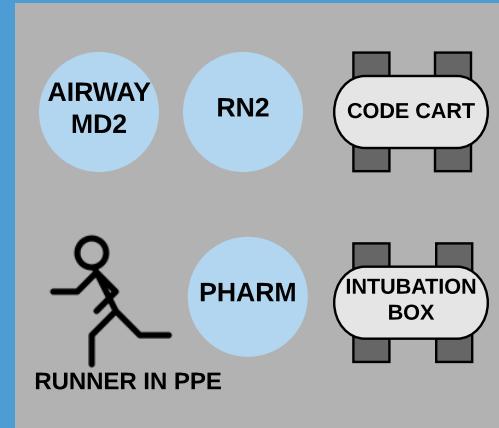
TEAM MEMBERS

PED ROOM 5/6 WITH HEPA FILTER



AIRWAY MD (DOUBLE GLOVED), RT, & RN IN FULL PPE

OUTSIDE



Airway MD Options:

- 1. PED ATTENDING + PICU ATTENDING
- 2. PED ATTENDING + ANESTHESIA ATTENDING
- 3. PED ATTENDING + ED ATTENDING
- 4. PED ATTENDING + PED ATTENDING

COVID INTUBATION CHECKLIST

Video Laryngoscope

Appropriately sized blade

Appropriately sized ETT with stylet

CONTACT FOR PICU

4-5488

Ask PICU Fellow to notify PICU Attending for COVID Intubation

RSI Meds Drawn

Suction

HEPA Filter (House Sup: 4-5402)

Ventilator (ED RT: 4-6201)
<20 kg = neonatal ventilator
(Vocera PICU RT)

BVM + ETCO2 + Viral Filter

Intubation Box + Code Cart outside room

CONTACT FOR ANESTHESIA

4-6199

- OR -

Vocera "Broadcast Anesthesia Help"

CONTACT FOR ED ATTENDING

12812

- OR -

Vocera "ED Charge Nurse"

PLANNING

Early intubation is preferred
 Negative pressure room (ROOM 5/6 WITH HEPA FILTER; HOUSE SUP: 4-5402)
 Designate most experienced attending available as Airway MD1
 Designate Airway MD2 with available second attending (PICU, Anesthesia, ED)

PREPARE

Assemble airway team (see diagram)
 Ensure viral filter and ETCO₂ in ventilation circuit (Bundled together in CMAC bin)
 Share airway strategy including RSI: use dedicated COVID intubation checklist
 Apply standard monitoring to patient

PPE

DONNING: N95 > Eye Protection > Gown > Double Glove (Airway MD1)
 Runner to perform "Buddy Check" to ensure correct PPE fit

PRE-OX

Preoxygenate for a minimum of 5 minutes
 Preoxygenation options: **6L NC for HIGH RISK COVID or 2L/kg/min high flow nasal cannula up to 20L and 50% fIO₂ for LOW RISK COVID**

PERFORM

RSI (Consider: Ketamine, Rocuronium)
 Use Video Laryngoscopy. Use screen to maximize operator distance from airway
 No ventilation prior to intubation unless for rescue oxygenation
 (use small tidal volumes if bagging is necessary)

POST-ETT

Inflate cuff BEFORE initiating ventilation and monitor cuff pressure to minimize leak
 Connect to vent immediately after tube placement, do not bag if possible
 Re-sheath laryngoscope immediately post intubation (double glove technique)
 Seal ALL used airway equipment in a double zip-locked bag and remove for decontamination
 DOFFING: Take your time. Use runner.

DEBRIEF AND SHARE LESSONS

