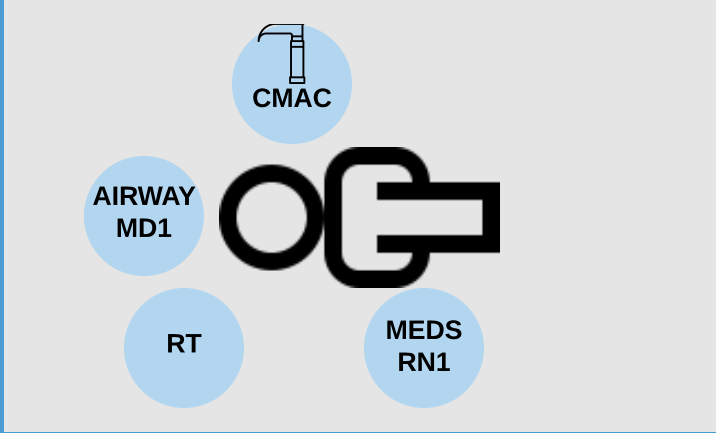
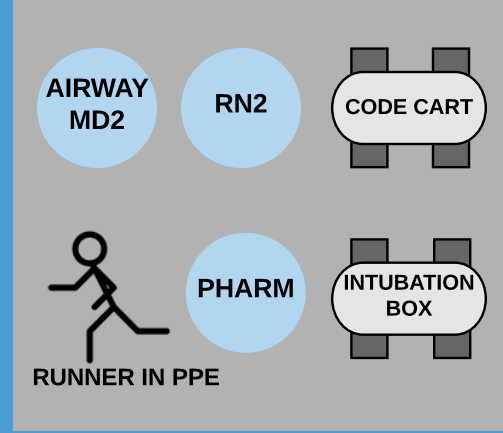


TEAM MEMBERS

PED ROOM 5/6 WITH HEPA FILTER



OUTSIDE



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

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

- | | | |
|--------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Video Laryngoscope | <input type="checkbox"/> RSI Meds Drawn | <input type="checkbox"/> Ventilator (ED RT: 4-6201)
<20 kg= neonatal ventilator
(Vocera PICU RT) |
| <input type="checkbox"/> Appropriately sized blade | <input type="checkbox"/> Suction | <input type="checkbox"/> BVM + ETCO2 + Viral Filter |
| <input type="checkbox"/> Appropriately sized ETT with stylet | <input type="checkbox"/> HEPA Filter
(House Sup: 4-5402) | <input type="checkbox"/> Intubation Box + Code Cart outside room |

CONTACT FOR PICU

4-5488

Ask PICU Fellow to notify PICU Attending for COVID Intubation

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**

