

SHHP/SFCH Intubation of COVID-19 Patients

PREPARE

“Time Out” to Review Plan

Inside the Room

- Physician
- Nurse
- Respiratory Therapist

Outside the Room

- Nurse
- Runner

Review Intubation Checklist

Plan RSI Meds

- ◆ Atropine 0.02 mg/kg IV _____
- ◆ Fentanyl 1-5 mcg/kg IV _____
- ◆ Versed 0.2-0.3 mg/kg IV _____
- ◆ Rocuronium 1 mg/kg IV _____
- ◆ Sugammadex 16 mg/kg IV _____

Document on Code Sheet

SLOW DOWN!! Errors occur when we rush.

Obtain Equipment

- Glidescope, blade, & stylet
- ETT with syringe for cuff
- ◆ Pre-calculate depth (3x ETT size)
- Crile straight clamp
- NGT with syringe & lube
- Waffle tape & Cavalon
- End tidal CO2 detector
- Disposable stethoscope
- Sani-Wipes (should be in room)
- Large gray emesis basin
- Broselow Tape
- COVID Equipment tray
- COVID Preoxygenation Kit
- Difficult Airway Cart
- Supply Cart ○ Code Cart
- PPE Cart ○ EZ-IO

Is this going to be a difficult airway?

- ◆ Call Anesthesia at 393-4501
 - ◆ NP tube or oral airway
- Review ventilator settings with RT**
- Don PPE**
- Use Ascension PPE checklist
 - ◆ Double gloves & hairnet for airway physician, tape for gloves
- Once inside the room**
- ◆ BP cuff & SpO2 on different limbs?
 - ◆ Suction setup correctly?
 - ◆ Flush IV access
 - ◆ HOB 45 degrees
- Pre-oxygenate using COVID Kit**
- ◆ 100% O2 by NC @ 1 LPM/yr of age (max 15)
 - ◆ BiPAP mask w/ viral filter if possible

INTUBATION

Avoid apneic oxygenation to maintain mask seal
 Minimize bagging (younger patients may need BVM)
 Utilize 2 hand vice grip



Procedure

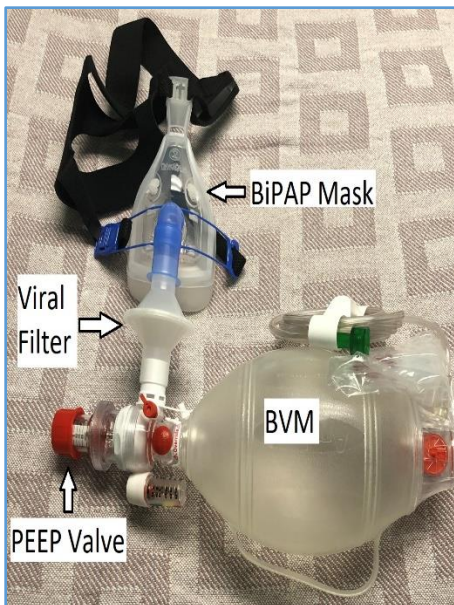
- ◆ Intubate using Glidescope
- ◆ Inflate cuff **BEFORE** BVM
- ◆ Place viral filter between ETT and BVM
- ◆ Confirm ETCO2 prior to auscultation
- ◆ Provide PPV
- ◆ **CLAMP ETT** prior to disconnecting of ETT and BVM circuit
- ◆ Connect ventilator and hold ETT in place
- ◆ **SECURE ETT AFTER CONNECTING TO VENTILATOR**
- ◆ Minimize tubing disconnection
- ◆ Insert NGT

POST-PROCEDURE

- ◆ Order post-ETT CXR
- Doff PPE**
- Use PPE checklist
 - ◆ The doffing process poses the highest risk for self-contamination
 - Obtain blood gas
 - Order post-intubation meds

OTHER CONSIDERATIONS

Only go into the room with essentials, pass through anything else.
 Consider **pre-assigning** intubation physician & RT each shift
 It can be difficult to hear verbal instructions and orders in full PPE. Speak clearly and **use closed loop communication**.
 Intubation may be challenging due to **risk of face shield fogging**.
N95 seals should be checked prior to entering the room and adjusted as necessary.
 Intubating physician should **double glove for intubation** and tape gloves to gown. Afterwards, remove one set of gloves and apply foam prior to doffing.



Glidescope Sizes

GVL Size	Pt weight/size
0	< 1.5 kg
1	1.5-3.8 kg
2	1.8-10 kg
2.5	10-28 kg
3	10 kg – adult
4	40 kg – lg adult