

COVID-19 Intubation Guidelines

Airway Management @criticalcaremds		
Hypoxemic resp failure management	Preparation for intubation	Intubation
<p><u>Hypoxemia management</u> Simple nasal cannula, venti-mask, 100%NRB Avoid nebulized treatments Use MDIs when possible Attempt to avoid High Flow NC, NIPPV due to concerns for aerosolization</p> <p><u>Decision for intubation</u> Earlier notification to team that will be intubating to allow for preparation time</p>	<p>Patient on 100%NRB mask for pre-oxygenation Inform Nursing, RT, Physician teams (most experienced provider should perform intubation) Time to prepare for intubation for all involved Ensure working suction</p> <p><u>Personal Protective equipment(PPE)</u> <u>Intubator:</u> N95 mask, face shield over it, Head cap, Gown and gloves{Full protection} <u>Bedside staff:</u> Surgical face mask, eye protection, gown and gloves <u>RT:</u> same as intubator If possible, create a shield over the patient prior to intubation to prevent arasoliztion especially if bagging Video laryngoscope</p>	<p>Plan for RSI with no Bagging prior to intubation Consider Ketamine over etomidate and versed as induction agents Paralytic agent, consider rocuronium over succinylcholine if AKI or potassium abnormalities Perform with video laryngoscopy Bagging after successful intubation Confirm with Capnometer Try to avoid going over the patient to listen for breath sounds. Second person to auscultate Connection to mechanical ventilator</p> <p>PPE removal follow appropriate guideline for PPE removal</p>