

COVID-19 Intubation

- Document and video will be updated as needed.
- Patient should be wearing surgical mask
- Airway team-utilize High Risk PPE
  - Bouffant hat
  - Isolation gown
  - N95 mask
  - Double glove
  - Face shield
- Supplies needed: Applies to all airway calls
  - In room
    - Airway tray-respiratory code tray contents
      - Disposable Handle-Mil3, MAC 3&4-place in airway bag outside. Low likelihood to need.
      - ETT-7-8.5
      - 1 in. tape
      - 10cc syringe for cuff
      - Bougi (tube exchanger)
      - Stylette
      - EtCO2 detector
      - Med (yellow) oral airway
    - Anesthesia medications-Anesthesia Care Team (ACT) and case determined, recommendations:
      - Lidocaine 1%
      - Induction med-Prop vs. Etomidate vs. Ketamine
      - Succ vs. RSI dose Roc.-have Sugammadex
      - Epinephrine-10mcg/ml syringe-high risk cardiac collapse
      - Phenylephrine syringe
      - Ephedrine syringe
      - Outside readily available
        - Albuterol inhaler
        - Intubation med kit
    - HME viral filter
    - CMAC with #3 #4 blade
    - Bag-valve mask prepared with HME then EtCO2 indicator
    - Suction

- Several (4 recommended) disposable impervious chucks
- Clear plastic drape-4x4 plastic
- No stethoscope-Potential risk of self-contamination
- Inline suction catheter from respiratory
- Eye care and Thera tears
- Consider ETT tube clamp (padded large clamps)
- Biohazard Ziplock bags
- Nerve stimulator-verify no twitch after induction

○ Outside room

- Isolation door signage will include donning/doffing PPE
- Isolation cart with appropriate PPE
- Additional airway equipment in airway bag
  - AirQ LMA 3.5,4.5,5.5
  - Pusher stylet for AirQ
  - Disposable laryngoscopes from resp. tray
  - Above mentioned medications

• ACT don High Risk PPE appropriately-All donning and doffing should be observed

○ Observer will review to ensure correct PPE has been donned

○ PPE includes donning High Risk PPE for both anesthesia providers as listed below

- Impervious Gown for airway team (yellow isolation gown or higher)
- Long cuffed gloves
- Second set disposable gloves
- N95 mask
- Bouffant hat
- Eye shield
- Bouffant hat

○ Will verify patient armband, Pre-induction Briefing through door with RN

Induction

• Prepare all equipment outside room-take your time-be purposeful

• Don COVID-19 High Risk PPE prior to entering with checkoff by RN

- Impervious Gown for airway team (yellow isolation gown or higher)
- Long cuffed gloves
- Second set disposable gloves
- N95 mask
- Bouffant hat
- Eye shield
- Bouffant hat

- Utilize Respiratory intubation tray, HME antiviral filter, CMAC, any necessary additional equipment

- Resp. Tray.
- HME Filter
- Clean CMAC in wrapper-Open both blades, both will require decontam.
- Ambu bag
- Suction
- Any additional meds and equipment
- Additional clean pair of gloves with intubation supplies
- Disposable chuck drapes for patient chest/head-recommend 4 or more
- Clear plastic drape to be place over pt. upper body to provide additional barrier (hands and equip underneath). Recommend 4'x4'
- Tape for ETT
- Eye care-tegaderm and thera tears
- Padded clamps for tube clamping
- Biohazard bags
- Nerve stimulator

- Only 2 anesthesia team members in room during induction

- 1 primary airway
- 1 primary meds and monitor
- Available staff- RN outside for pass through

Induction/intubation

Pre-oxygenate for 5 minutes

Rapid sequence intubation

After patient induced, hold mask in place for 30-60 seconds

Verify no twitches prior to DL

DL-do not ventilate to decrease transmission if possible

- RSI-video DL with CMAC (CMAC will have a Red bag-kick bucket size with drawstrings on top tray)

- If clamored ETT utilized (consider need of stylet and bougi) unclamp once filter in place on ETT

- Place CMAC blade in Biohazard ziplock bag
- Maintain gloves and gown at this point-alcohol gel
- Maintain HME filter in place with EtCO2 indicator in place
- Secure tube/eye care
- Wipe down work area with Sani-wipes
- Discard drapes on patient, attempt roll in clear drape to prevent contamination
- Place CMAC blade in top red lined bin of CMAC
- Airway staff now Doff 1<sup>st</sup> layer gloves while Med staff Ambu pt.
- Swap-Med provider will remain behind wipe CMAC
  - Yellow top bleach sani-cloth
  - 4 minute wet time
  - Leave to dry

## UAB COVID-19 INTUBATION

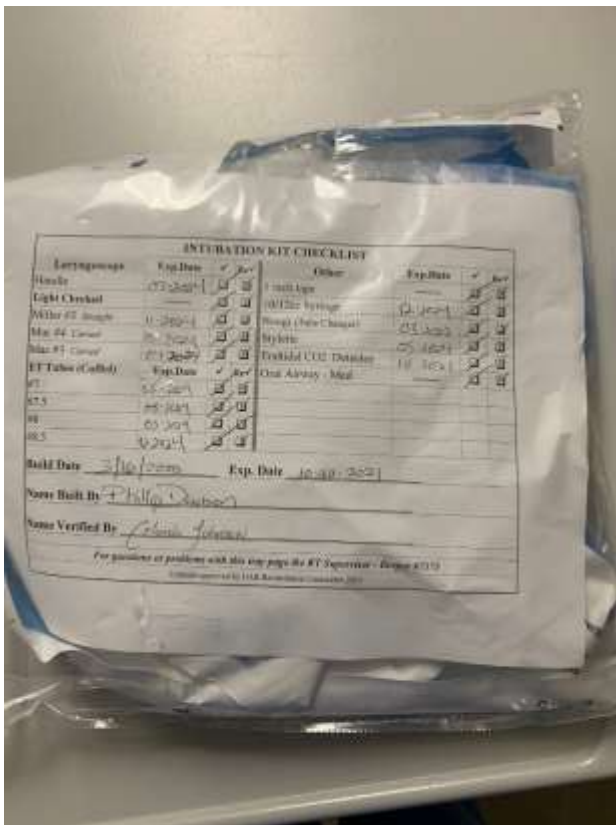
- Cinch equipment in Red bag CMAC tray
- Anesthesia lab/Respiratory will come retrieve CMAC or utilize biohazard container for contaminated blades.
  - Cover in garbage bag
  - Wipe down CMAC bag

**For all this glove and gel between all steps**

**\*HME Filter must remain attached to tube and in place at any time of disconnection\***

- Doff PPE as appropriate witnessed by an observer

The foregoing information is meant for educational purposes only and is derived from the limited sources of evolving evidence and experience available at the time of production during the COVID-19 pandemic. This information is not meant to control individual treatment decisions which are based on an individual patient's specific circumstances, nor is it meant to override the clinical judgment of providers within the doctor-patient relationship. This information is relayed as part of UAB's Emergency Operating Plan.



**What personal protective equipment (PPE) should be worn when transporting patients who are confirmed or under investigation for COVID-19?**

- Transport and movement of the patient outside of their room should be limited to medically essential purposes.
  - Consider providing portable x-ray equipment in patient cohort areas to reduce the need for patient transport
- Procedure should be scheduled as the last case of the day if possible
- Notify receiving department of isolation status in advance

### For transport

- If patient requires assistance from the bed to the wheelchair or stretcher, transporting staff should **wear all recommended PPE** : gloves, gown, surgical mask, and eye protection (goggles or face shield).
- Patient should wear a surgical mask (if tolerated) and be covered with a clean sheet
- Prior to exiting the room, transporters should remove all PPE except mask and face shield according to Doffing procedure
- Perform hand hygiene.

*Additional PPE is not required unless there is an anticipated need to provide medical assistance during transport.*

### Receiving Department:

- Receiving department prepares room.
- Don **all recommended PPE**: surgical mask, gown, gloves and face shield/eye protection, while awaiting patient's arrival.

### If transporter has to assist patient:

*The transporter is still wearing their original respirator or surgical mask, therefore, the transporter should take care to avoid self-contamination when donning the remainder of the recommended PPE.*

### Inside procedural room:

- Have patient perform hand hygiene if able

- Place a new, clean sheet over patient

***Transporter:***

- Clean and disinfect all high touch surfaces of the occupied bed, stretcher or wheelchair, such as hand rails, side rails, head board, foot board, and steering mechanism
- Doff PPE according to Doffing Procedure, perform hand hygiene
  - If you are returning the transport vehicle without the patient back to the department:  
Perform low level disinfection of all transport vehicle surfaces prior to returning to department

**Cleaning of Procedure Room:**

- Clean all horizontal and high touch surfaces with approved disinfectant.
- Room should be thoroughly cleaned
- Linen to be completely removed from the room after each patient according to routine procedures
- Medical waste to be completely removed from the room and handled according to routine procedures

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