

# UAB PUI/COVID-19 AIRWAY

<h2>PLANNING</h2>	<ul style="list-style-type: none"> <li>• Early recognition</li> <li>• Negative pressure room</li> <li>• Asses Airway early</li> <li>• Allow for preparation time</li> <li>• Take your time if possible</li> </ul>
<h2>PREPARE</h2>	<ul style="list-style-type: none"> <li>• 2 person team-1 Airway, 1 Meds</li> <li>• Utilize Respiratory intubating tray in room</li> <li>• CMAC with MAC #3 &amp; #4 in room</li> <li>• Airway bag outside room</li> <li>• Ensure viral filter avail. And on Bag Valve Mask (BVM)</li> <li>• Review checklist with teammate</li> </ul>
<h2>PPE</h2>	<ul style="list-style-type: none"> <li>• High Risk PPE</li> <li>• Hand Gel</li> <li>• Impervious Gown&gt;N95 mask&gt;Bouffant hat&gt;Eye Shield&gt;Double Glove</li> <li>• Gel-Gel-Gel</li> <li>• Teammate observe and verify</li> </ul>
<h2>PRE-02</h2>	<ul style="list-style-type: none"> <li>• Prep airway area with disposable Chucks pads</li> <li>• Head-up if for Pre-02</li> <li>• 5 minute preo2 with BVM, Mask&gt;Filter&gt;EtCO2 indicator</li> <li>• Suction working</li> </ul>
<h2>PERFORM</h2>	<ul style="list-style-type: none"> <li>• RSI with CMAC</li> <li>• RSI ROC 1.2 mg/kg or Succ 1.5 mg/kg IBW dose , Sugammadex avail with Roc.</li> <li>• Induction med-consider Etomidate, Ketamine, Prop</li> <li>• Code meds avail-epi 10mcg/ml, Neo, Ephedrine</li> <li>• Consider clamped ETT (consider stylet and Bougi) unclamp once filter in place</li> <li>• No vent. After induction</li> <li>• Verify full relaxation with Nerve Stimulator</li> </ul>
<h2>POST-ETT</h2>	<ul style="list-style-type: none"> <li>• Inflate Cuff prior to 1<sup>st</sup> ventilation</li> <li>• Maintain Filter in-line at all times</li> <li>• Gel immediately after tube placement verified</li> <li>• Decontaminate CMAC-Yellow top Sani-cloth 4 min. wet</li> <li>• Complete all pt. care including transport to/from OR, emergence, and extubation prior to doffing</li> <li>• Doff under observation-Outer Gloves&gt;Gown&gt;Face shield&gt;Hat&gt;Mask-HH between all steps-Gel-Gel-Gel</li> <li>• Debrief-escalate notes</li> </ul>

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- Supply list
- 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
    - HME viral filter
    - Med (yellow) oral airway 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
    - Nerve stimulator-verify no twitch after induction
    - Eye Care and Thera tears
    - Consider ETT tube clamp (padded large clamps)
    - Biohazard ziplock bags
  - Anesthesia medications-Anesthesia Care Team (ACT) and case determined, recommendations:
    - Lidocaine 1%
    - Induction med-Prop vs. Etomidate vs. Ketamine
    - Succ vs. RSI dose Roc.-Sugammadex
    - Epinephrine-10mcg/ml syringe-high risk cardiac collapse
    - Phenylephrine syringe
    - Ephedrine syringe
- Outside readily available
  - Albuterol inhaler
  - Intubation med kit
  - HME viral filter 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

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.

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