

# **COVID-19 AIRWAY POLICIES**

## **GUIDELINES for CONTROLLED and EMERGENT INTUBATION by EMERGENCY DEPARTMENT PHYSICIANS**

### **GENERAL:**

- Intubate early in controlled fashion to avoid inadequate PPE precautions
- Intubation should ideally occur in a negative pressure room

### **STAFFING:**

- Possible combinations
  - 1) Intubating physician + RN+ RT (outside room) + buddy (outside room)
  - 2) intubating physician + CRNA + RT (outside room) + buddy (outside room)
- Buddy: Dedicated trained Observer for donning/doffing procedure, gowned up in PPE

### **PERSONAL PROTECTIVE EQUIPMENT:**

- Should provide enhanced contact and airborne protection
  - Provider intubating (possible options)
    - N95 mask+ eye protection + inner isolation gown + outer OR gown + surgical bouffant + hood + double glove + booties
    - PAPR + inner isolation gown + outer OR gown + surgical bouffant +double glove +booties
    - PAPR+ surgical bouffant + isolation gown to be worn over surgical bunny suit +double glove
  - Support staff
    - Buddy: N95 + face shield + isolation gown + gloves
    - RN to be determined by nurse management
- Practice hand hygiene before and after all procedures
- Buddy system MUST assure appropriate donning and doffing of PPE

### **EQUIPMENT: Inside room:**

- Bring only the equipment that will be used
- GlidescopeGO
- A prestocked bag in the medication room with the following contents (Addendum 1) will be available to take to intubations and disposed
  - Glidescope Go Blade size 3 and size 4
  - Glidescope Stylet
  - ET tube size 7.5 – loaded on stylet

- 10ml syringe
- ET Taping set
- CO2 detector colorimetric
- LMA 3.5 and LMA 4.5
- 60ml syringe
- BVM with PEEP valve, Viral Filter and CO2 inline meter
- Preset Ventilator

### **EQUIPMENT: Outside room:**

- Consider EZ-IO
- There are 2 locked airway carts available in the Main ED: Code 1212
  - Content lists are available in Addendum 2

### **MEDICATIONS:**

- Pharmacy will provide 4 disposable airway medication bags to the ED
  - Content per bag (Addendum 3)
    - Etomidate 20 mg/10ml Qty 2
    - Succinylcholine Syr 200mg/10 ml Qty 2
    - Rocuronium 50 mg/ 5 ml Qty 2
    - Epinephrine 1 mg/10 ml Qty 2
    - Phenylephrine Syr 1000 mcg/10 ml Qty 2
    - Propofol 200 mg/ 10 ml Qty 2
    - Ephedrine 50 mg/1ml Qty 2
- Medication bags will be available next to premade Grab and Go airway bags
- Dispose of all drugs in room
- RN to have sedative infusion hanging and ready to administer after intubation
- Consider using Ketamine 2mg/kg for induction. This is currently kept in Pyxis as schedule III.
- Reasonable medication approach
  - **Etomidate 20 mg IV + Rocuronium 200 mg IV**
  - **Ketamine 200 mg IV + Rocuronium 200 mg IV**

### **INTUBATION:**

- Intubation by most experienced provider to minimize risk for aerosol generation
- Plan on rapid sequence intubation
- Have ventilator in room and on with  $Tv$  4-6cc/kg, RR 16-18, PEEP10,  $FiO_2$  100%
  - **Volume Assist Control (70kg):  $Tv$  420, RR 16, PEEP 10,  $FiO_2$  100%**

- Preoxygenation to be determined by intubating provider
  - nasal cannula or facemask up to 6L/min flow with surgical mask
  - NRB mask maybe being used on patient in ICU
  - BVM with HEPA filter and PEEP valve can be used but generally avoided
- Use video laryngoscopy, avoid direct laryngoscopy
- Avoid suctioning unless absolutely necessary
- After intubation, inflate cuff fully and attach ETT to ventilator circuit. Do not apply positive pressure until ETT cuff is fully inflated

#### **POST-INTUBATION:**

- Confirm stability of the patient
- Consider Bundling the intubation with other procedure
- Ventilator ARDS-NET protocol
- Wipe down any non-disposable equipment with antimicrobial wipes in the room. Equipment should be subsequently disinfected using standard protocols.

#### **DONNING and DOFFING:**

- Refer to corresponding SOP

#### **ADDITIONAL:**

- Medication expiration dates should be checked by overnight ED Attending nightly
- Grab and Go Equipment should be replaced by user and checked by overnight ED attending
- Overnight ED will replace battery on PAPR units nightly
- Glidescope Go to be cleaned with Sani-Cloth AF3 Germicidal Wipe (gray bottle) after use
- If PAPR unit used place in biohazard bag to be cleaned by SPS
- PAPR masks to be placed in biohazard bag to be cleaned by SPS

## ADDENDUM 1

### Content Grab and Go Bag

Glidescope Go Blade size 3  
Glidescope Go Blade size 4  
Glidescope Stylet  
ET tube size 7.5 – loaded on stylet  
10ml syringe  
ET Taping set  
CO2 detector colorimetric  
LMA 3.5  
LMA 4.5  
60ml syringe  
BVM with PEEP valve, Viral Filter and CO2 inline meter



## ADDENDUM 2

### Content Drawer #1

Saline flushes  
10 cc syringes  
IV start kit  
18- and 20-gauge catheters  
18-gauge needles  
Antistick needles  
3-way stopcock  
Air-Q LMA 3.5 and 4.5 with 60 cc syringe  
Nasal cannula  
Facemask  
Non-rebreather mask  
Gauze  
Specimen bag



### Content Drawer #2

Viral filters  
Colometric CO2 Detector  
Pulse oximeter  
In-line capnometry  
Glidescope Video Larynscope 3 and 4  
GlideRite stylet  
Magill Forcep  
15 mm adaptors

Yankauer  
Suction tubing  
Tape



### Content Drawer #3

Airway tray  
Bougie  
Mac 3 and 4 blades  
Miller 4 blade  
Extra Stylets  
Cricothyrotomy kit



#### **Contents Drawer #4**

Nitrile Gloves S/ M/ L

N95 Masks

Face shields

¾ Sheets

Bouffant

Booties



#### **Contents Drawer #5**

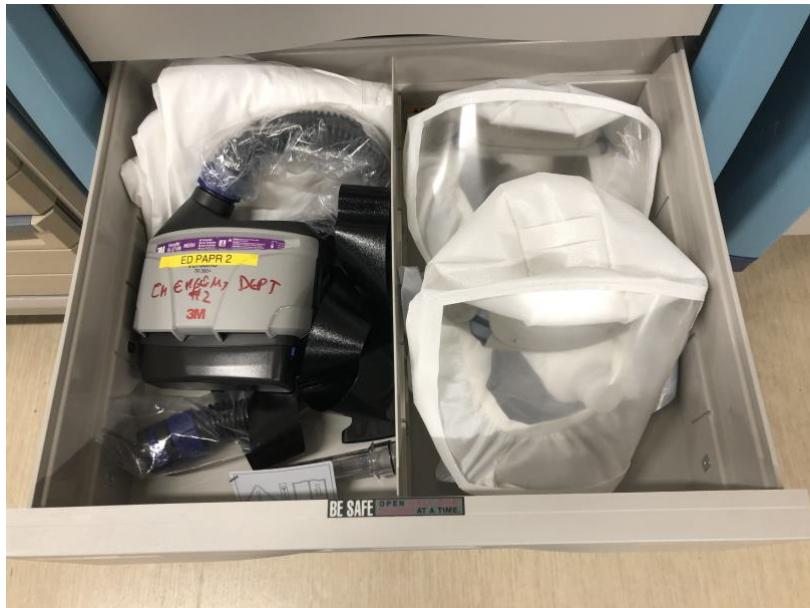
PAPR unit with battery

Air flow gauge

2 PAPR masks

PAPR tubing

Bunny suit



## Contents Drawer #6

BVM with viral filter  
Sterile gloves 6.5/ 7/ 7.5/ 8  
Isolation gowns  
Surgical gown  
Biohazard bags  
Chux



## ADDENDUM 3

### Contents Medication Bag

Etomidate 20 mg/10ml Qty 2  
Succinylcholine Syr 200mg/10 ml Qty 2  
Rocuronium 50 mg/ 5 ml Qty 2  
Epinephrine 1 mg/10 ml Qty 2  
Phenylephrine Syr 1000 mcg/10 ml Qty 2  
Propofol 200 mg/ 10 ml Qty 2  
Ephedrine 50 mg/1ml Qty 2

