

# SUGGESTED COVID PATIENT INTUBATION PROCEDURE

## In Room Preparation

- Primary team enters room. If any primary team member was already in the room out of patient care necessity, a second pre-brief to bring entire primary team up to speed.

### Nurse

- Prepares and confirms all RSI meds.
- Prepares and primes post-intubation sedation.
- Ensures working IV.
- Communication with runner for any immediate or backup needs not already discussed.

### RT

- Initiates pre-oxygenation if not already in place with 5L NC and NRB mask.
- Prepares ventilator and ensures oxygen supply
- Ensure viral filter and in-line ETCO2 if available in place
- Suction ready
- Communication with runner for any immediate or backup needs not already discussed.

### Airway Manager

- Performs in room airway assessment to confirm primary and backup plan and supplies needed in the room. Modified 3-3-2 to facilitate best blade selection. This assessment is likely limited to gross visualization of mouth opening. Hyoidmental distance measurement, and base of mandible to thyroid cartilage measurement.
- Initiates pre-oxygenation if not already in place with 5L NC and NRB mask.
- Communication with Airway runner for primary airway supplies Selected blade and tube size, 10ml syringe).
- Communicate back up supplies (Different blade and/or tube size), correct LMA size and 60cc luer lock syringe, cricothyrotomy kit.
- Optimize patient positioning with assistance of team. Allow patient to remain with HOB elevated until time for laryngoscopy and tube placement.