

SUGGESTED COVID PATIENT INTUBATION PROCEDURE

Out of Room Pre-Check And Brief

Initial Airway Assessment

- Height/Weight
- Allergies
- Medical Hx, including Hx of difficult intubation

Pre-Oxygenation Plan

- 5L NC and NRB with barrier
- Prepare pre-oxygenation supplies.

Medication Plan

- RSI sedation drug of choice in upper end of dosage range
- Consider push dose Versed or Propofol in peri-intubation period for rapid onset sedation if needed.
- Paralytics
 - Rocuronium in larger dose 1.5-2.0mg/kg as agent of choice for longer half-life.
 - If Succinylcholine is chosen out of necessity, use 2mg/kg succinylcholine.
- Post-intubation sedation
 - o Will likely need higher doses of sedatives. Medication choice dictated by local supply. Consider 2 agents for synergistic response.
 - o These patients have been characteristically difficult to sedate. Anticipate this.
- Hemodynamic support
 - o Consider push dose phenylephrine 0.1-0.5mg for peri-intubation hypotension.
 - o Prompt access Levophed gtt for same.

Team Pre-Brief (Includes Primaries And Runners)

- Verbal run through of the procedure to facilitate shared mental model. Pre-brief should include anticipated sequence, do's and don'ts (i.e. no bag mask ventilations), back up plans, rescue plan.
- In room and out of room supplies, medications, etc.
- Opportunity to ask questions.