

SUGGESTED COVID PATIENT INTUBATION PROCEDURE

RSI Procedure

Primary

- Push Sedative and paralytic.
- Await apnea/paralysis.
- Turn off oxygen source to NRB and gently remove mask, utilizing barrier drape to minimize droplet spread.
- Do Not Bag/mask ventilate.
- Perform video laryngoscopy and immediate intubation.
- Inflate cuff. No ventilations until cuff is inflated.
- Gentle removal of stylet using extreme caution in removing rigid stylet.
- Immediate connection of endotracheal tube to ventilator and begin ventilations. Do not check placement with CO2 colorimetry device.
- Verify tube placement with chest rise, expected volumes/pressures, and inline ETCO2 monitoring if available.
- Secure tube.

Backup/Rescue

- If unable to immediately place the tube, discontinue laryngoscopy and immediate placement of LMA. (I-gel preferred due to ability to intubate through I-gel).
- Connection to ventilator and begin ventilations.
- Coordinated and planned second attempt only after discussion/assistance of Airway runner and/or backup airway staff for additional collaboration.
- If decision to remove LMA for second laryngoscopy attempt, very gentle removal of LMA understanding high risk of contamination during removal. Consider using barrier cover sheet to minimize risk.
- Well-coordinated second attempt at laryngoscopy after oxygenation maximized and backup equipment/tube ready.
- Secure tube or LMA.