**Protected INTUBATION**

Requiring intubation + Positive Screen for Possible COVID-19

**INSIDE Room**

- MD-Lead + Airway
- RRT
- RN1

**OUTSIDE Room**

- MD- Backup (In PPE)
- RN3– Charter (In PPE)
- RN4 (Runner)

**NEUTRALIZING PRESSURE**

- Designate a Safety Lead to monitor PPE
- Charting OUTSIDE ROOM

**EXPERIENCED STAFF ONLY**

**Required PPE (use donning/doffing checklist):**

1. Yellow cloth gown
2. Fit-tested N95 Respirator
3. +/- Bouffant
4. Face Shield
5. Extended cuff nitrile gloves

**Intubate EARLY for increasing O₂ requirements.**

Consider early intubation for patients requiring O₂ with clinical deterioration OR oxygen requirements of absolute 0.5 FiO₂. Preoxygenate with facemask with HEPA filter or BVM WITHOUT MANUAL VENTILATIONS. AVOID BiPAP.

**Have a clear PLAN. LIMIT equipment in the room.**

Have a TEAM HUDDLE and have a clear plan of approach with all team members. Limit the equipment in the room to absolute necessities. DO NOT use stethoscope.

**AVOID manual ventilations. USE a HEPA filter.**

Limit aerosol-generating procedures. Maintain oxygenation with a two-handed mask seal. The priority is to get the patient intubated and onto a closed, filtered ventilation circuit.

**AVOID direct laryngoscopy. CONSIDER video laryngoscopy or LMA.**

Maximize space between airway and provider. PAUSE compressions for intubation. Consider use of video laryngoscopy. If able to oxygenate but not intubate, consider use of laryngeal mask airway.

*Review full protocols on https://sunnynet.ca/coronavirus*

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