Protected INTUBATION

Requiring intubation + Positive Screen for Possible COVID-19

INSIDE Room

NEGATIVE PRESSURE

MD-Lead + Airway

RN1

RRT

DO NOT use stethoscope

OUTSIDE Room

MD– Backup (In PPE)

RN3– Charter (In PPE)

RN4 (Runner)

Designate a Safety Lead to monitor PPE

Charting OUTSIDE ROOM

EXPERIENCED STAFF ONLY

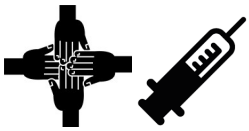
Required PPE (use donning/doffing checklist):

1. Yellow cloth gown **2.**Fit-tested N95 Respirator **3.** +/- Bouffant

4. Face Shield **5.** *Extended cuff* nitrile gloves

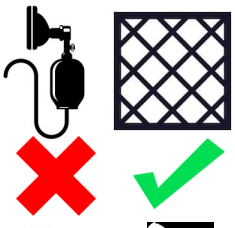
Intubate EARLY for increasing O_2 requirements.

Consider early intubation for patients requiring O_2 with clinical deterioration OR oxygen requirements of absolute 0.5 FiO_2. Preoxygenate with facemask with HEPA filter or BVM WITHOUT MANUAL VENTILATIONS. AVOID BiPAP.



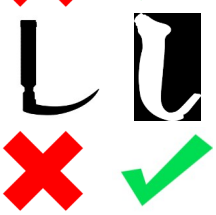
Have a clear PLAN. LIMIT equipment in the room.

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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Sunnybrook
DEPARTMENT OF EMERGENCY SERVICES