



TITLE	Intubation Procedures During COVID-19 Pandemic		
TODAY'S DATE	July 13, 2020		
SECTION	<input type="checkbox"/> Organization Wide	<input type="checkbox"/> PPE	<input type="checkbox"/> OB/GYN
	<input type="checkbox"/> Emergency Department	<input type="checkbox"/> Surgery	
	<input checked="" type="checkbox"/> Inpatient	<input type="checkbox"/> Ambulatory	
	<input type="checkbox"/> Nursing	<input type="checkbox"/> Medical staff [physicians and advance care practitioners]	

APPLICABLE LOCATIONS	<input type="checkbox"/> All Bozeman Health locations <input checked="" type="checkbox"/> Bozeman Health Deaconess Hospital <input checked="" type="checkbox"/> Big Sky Medical Center		<input type="checkbox"/> Belgrade Clinic + UrgentCare <input type="checkbox"/> Hillcrest Senior Living <input type="checkbox"/> b2 UrgentCare <input type="checkbox"/> b2 MicroCare
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PURPOSE:

The following procedures provide recommendations for intubation during the COVID-19 pandemic. The purpose of the procedure recommendations is to provide standardized guidance to protect healthcare workers from preventable exposures and to maximize procedural safety for the patient and staff.

POLICY/PROTOCOL:

Intubation should occur only by those trained in how to intubate while in a PAPR with Shroud.

PPE and Set-Up:

- Aerosol precautions with N95 and full face-shield or PAPR for all providers in the room.
 - The intubating clinician should ideally use a PAPR with shroud when available for full head and neck coverage.
 - All providers should be observed during donning and doffing to ensure appropriate technique.
- Minimize staff in the room to decrease risk of exposure.
 - Ideally staff in the room is minimized to one intubating provider, one RN, and one RT
- Intubation should be performed in a negative pressure room when available.
 - Aerosol precautions are required for a minimum of 30 mins after every aerosol generating procedure.
- Use of video laryngoscopy is favored to increase the distance between the intubating clinician and patient's aerodigestive tract, and rapid sequence intubation technique is preferred to minimize coughing or dispersion of secretions during bag-mask ventilation.
- Use of a clear drape to cover the patient during the intubation can be considered taking into consideration the patient's clinical situation, level of COVID-19 risk, clinician preference, and urgency of the intubation.

Medications

- COVID Rapid Airway Pack (CRAP) Medication Pack
 - Consider use of the CRAP medication pack to standardize RSI medications and decrease the need to have additional medications in the room or brought into the room.
 - CRAP Medication Pack contents include:
 - Rocuronium 100mg/10ml vial
 - Ketamine 500mg/10ml vial



- Propofol 500mg/50ml bottle
- Phenylephrine 100mcg/ml 10 ml syringe
- Syringes 10 ml x2
- Pump tubing
- 18 G needles
- Alcohol swabs

Equipment:

- A minimum amount of equipment should be brought into the room while still providing for appropriate airway rescue techniques in case they are required.
- Viral filters
- ETCO2 monitor and appropriate tubing.

Preoxygenation:

- Taking into consideration the patient's clinical situation, level of COVID-19 risk, and urgency of the intubation, different strategies for preoxygenation may be selected by the provider. Options may include the following (all options require aerosol precautions for ALL personnel in the room).
 - Non-rebreather preoxygenation
 - HFNC
 - NIV: Preferred set up would include CPAP with a closed circuit setup and in-line viral filters.
 - Bag Valve Mask: If a BVM is used, make sure to attach viral filter between the bag and the mask to ensure all airflow from the patient passes through the filter.
 - COVID Rapid Airway Protocol Respiratory Pack: this pack has the components to attach a CPAP mask to a viral filter and BVM for a contained preoxygenation set-up for those who are familiar with its use.

Post-procedure:

- Tube location should be checked using direct visualization and ETCO2 monitoring. Auscultation will likely not be possible due to PAPR use.
- CXR should be delayed 30 mins due to aerosol exposure risk.

NOTES:

<https://emcrit.org/emcrit/covid-airway-management/>

OTHER POLICIES/PROTOCOLS TO REFERENCE:

SCOPE:

We anticipate these adjustment to be temporary and reserve the right to revise or discontinue these adjustments with or without notice depending on the current understanding and/or business needs of Bozeman Health relating to COVID-19.