

## Intubation of Patient Under Investigation or with Confirmed COVID-19 Infection

<b>PREPARATION</b>	
<b>Team</b>	
· Identify Room – negative pressure or HEPA-filter (RRT to ensure turned on)	
· Identify intubating team (1 MD, 1 RN, 1 RRT). Enter room in <b>PPE FOR AGMP</b>	
· Safety Officer - outside room in <b>CONTACT/DROPLET PPE</b>	
· Runner RN - outside room in <b>CONTACT/DROPLET PPE</b>	
· If available, 2 <sup>nd</sup> MD, 2 <sup>nd</sup> RRT (in the event of difficult airway), outside room, <b>NOT in PPE</b>	
<b>Collect and Check Airway Equipment (RRT):</b>	
· Usual intubation equipment + LMA	
· Video laryngoscope – first choice for intubation of COVID patients	
· Quantitative End tidal CO2 monitor (not colourimetric)	
· Filter mask (Tavish) for pre-oxygenating patient if available (otherwise use non-rebreather mask)	
· Difficult airway cart in front of room – <b>DO NOT</b> bring into room	
<b>Medications in Room (Runner RN to gather)</b>	
· Propofol 400mg (2 small vials), fentanyl 100mcg	
· Rocuronium (100mg IV if <100kg, 150mg if >100kg)	
· Phenylephrine syringe (1 in room, 2 outside room). Epinephrine (1 amp in room)	
· Propofol bottle for post-intubation sedative infusion	
<b>Other Equipment (Runner RN to gather)</b>	
· Inside Room: OG tube, peripheral IV kit, saline flushes x10, normal saline bags x2	
· Outside Room: IO Kit, specimen bag (blood, urine, NP swab)	
<b>PATIENT ARRIVAL &amp; INITIAL RESUSCITATION</b>	
• <b>MD:</b> Follow ICU Guidelines: Category 1: Contraindications to Mechanical Ventilation	
• <b>MD:</b> Review available advanced directives. Explore patient wishes regarding mechanical ventilation.	
<i>IF UNCERTAIN if patient is a good candidate for mechanical ventilation, page ICU on call for rapid phone review (or consultation if time permits).</i>	
· Place patient on monitors, establish IV access (use IO only if unable to obtain IV)	
· Treat hypotension (initially crystalloid; consider early vasopressors) MAP > 65	
· Pre-oxygenate using filter mask (Tavish) if available (otherwise use non-rebreather mask)	
<b>Intubation</b>	
· Perform airway assessment – if expected difficult, call Anesthesia STAT for assistance.	
· Rapid sequence intubation	
· Try to minimize bag-mask ventilation. If manual ventilation is required for severe desaturation: <ul style="list-style-type: none"> <li>o use 2-person technique to optimize seal</li> <li>o use minimum required tidal volumes</li> </ul>	
· If unexpected difficult airway, consider LMA and call Anesthesia STAT	
· If ETT inserted, confirm with quantitative end-tidal CO2 (not colourimetric). No auscultation.	
· Insert OG tube, start propofol infusion, order CXR.	
<b>POST-PROCEDURE</b>	
· Doff 1 person at a time under direct SUPERVISION of Safety Officer	
· Team Debrief if time allows	
· All charting should be completed post-procedure rather than real-time.	