COVID-19 Intubation Practice Guidelines

Intubation is a high risk, aerosol generating procedure. **Anticipate the need for intubations early to maintain a controlled environment.** The following guidelines have been implemented to ensure the safety of our staff.

**Materials:**
- **PPE:** PAPR† or N95‡ mask plus face shield.
  - Impermeable gowns for those directly involved in airway management
  - Non-waterproof yellow gowns for those not directly involved in airway management
  - Head protection: Bouffant hats and beard covers
  - Footwear Covers
- **HEPA filter:** to be attached to Ambu-Bag exhalation valve
- **PEEP Valve**
- **Videolaryngoscopy (VL)** with disposable cover and disposable stylet.
- **Disinfectant wipes**
- **Disposable bag of Medications – predrawn in syringe**

**Preparation:**
- The most experienced provider should intubate.
- All equipment (above) should be prepared, along with your own standard code bag (leave outside room)
- Test VL function outside the room.
- Perform COVID-19 PPE donning outside the patient room. All participants should double glove.
- Take ONLY the VL, associated VL disposables, backup disposable laryngoscope, ETT, oral airway, and medications into the room.
- Assign a provider outside the room to pass additional supplies inside and monitor for breaches of PPE
- Preoxygenate on 100% FiO2 for 5 minutes.
- Prepare Ambu-Bag with HEPA filter attached
- Prepare ventilator circuit (ventilator circuits have HEPA filters), if possible.

**Intubation:**
- Minimize personnel in the room during intubation - 1 to intubate, 1 to administer medications, 1 RT
- Rapid-Sequence Intubation preferred. Avoid bag-mask/LMA ventilation, if needed use small tidal volumes
- Immediately Inflate cuff, attach ETCO2 via BVM or directly to ventilator and confirm placement.
- Perform observation of bilateral chest rise movement and ETCO2 to confirm ETT placement in the airway.
- Avoid using stethoscope until ventilator is attached to ETT.
- Attach to ventilator as soon as possible
- Avoid open suctioning. Use in-line suctioning, if available.
- If CPR is in progress, goal is immediate intubation. Hold chest compressions while intubating

**Post-intubation:**
- Remove outer gloves immediately following intubation, invert and dispose.
- Perform preliminary wipe-down of video laryngoscopy with purple wipes in the room and a second cleaning outside of room.
- Remove PPE in anteroom. If no anteroom is available, remove PPE except for PAPR/N95 in patient room.
- The intubating provider should change scrubs if a yellow gown was worn because it is not waterproof.
- You will need to self-monitor for symptoms including twice-daily temperature monitoring for 14 days.
- As long as there is no PPE breach, asymptomatic providers may continue to work.
- CXR and ABG

Please contact Respiratory Care, ICU or Anesthesia leadership with any questions related to these practice guidelines.

† Requires appropriate inservice training by your local occupational health
‡ Requires appropriate fit testing by your local occupational health

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