Intubation guideline of COVID 19 patient (PUI or confirmed)

Major differences: Protection of health care worker, limitation of aerosolization, proper donning

Before intubation

Plan and communication
Role allocation:
- Intubator: Most experienced person
- Assistant: Assist with airway manoeuvres, check equipment
- Professional nurse: Give induction agents. Help monitoring
- Helper/Runner: Available in PPE, outside the room
Communication:
Communicate to team inside and outside room

Prepare
- Intubation tick-sheet completed and equipment ready
- Intubation drugs:
  - Sedation: Ketamine 1-2mg/kg + Rocuronium 1mg/kg → flush → wait 45-60seconds → intubate
  - Resuscitation: Adrenaline 1:10 000
  - Prepare infusions for sedation post intubation

Intubation and ventilation

- Preoxygenate with 100% O2 for 3-5minutes: can be done on CPAP/NPO2. Limit manual ventilation.
  - Ayres T-piece circuit with filter to allow spontaneous breathing can be used, a filter is crucial
  - NGT / Orogastric in place, empty stomach
- Safe bag-mask ventilation if needed
  - Good seal with two person technique
  - Ensure filter between face-mask and bag
  - Bag-mask ventilate under clear plastic sheet/intubation box to limit droplet spread
  - Use small tidal volumes
- Prepare cuffed ETT with in-line suction connected
- Intubation drugs: Ketamine + Rocuronium → wait 45-60seconds → intubate
  - If video laryngoscope available: use screen, keep distance. Have normal laryngoscope available
  - Connect and start ventilator immediately after intubation, with EtCO2 and in-line suction attached prior
  - Confirm ETT position: use EtCO2, check chest rise and CXR to confirm ETT position. Only use patient specific stethoscope if above not available
  - Inflate ETT cuff, secure ETT
  - Avoid disconnection from ventilator if the patient desaturates
  - Higher ventilator pressure may be needed initially to recruit the lung and maintain saturation
- If intubation unsuccessful/patient desaturates during intubation attempt: Start safe bag-mask ventilation as described above and attempt intubation once patient adequately oxygenated

Post intubation

- Consider getting all procedures done – vascular access, urinary catheter, tracheal aspirate
- Discard disposables in red bags inside isolation room. Remove plastic sheet and intubation box in safely
- Discard unused drugs
- Wipe down the surfaces and clean non-disposable items
- Follow cleaning recommendations for equipment and blade
- Doff PPE in buddy system outside room

Don PPE
- N 95 mask
- Goggles/Visor
- Gloves and cap
- Surgical gown
- Apron

Additional items
- Filters
- Cuffed ETT
- Clear plastic/Box
- Video laryngoscope
- In-line suctioning