Critical COVID + Patient Response

PREPARING FOR EMERGENCY ENDOTRACHEAL INTUBATION

(SAME CONSIDERATIONS FOR EXTUBATION)

ADAPTED FROM THE CARE TEAMS AT: RWJ-BARNABAS HEALTH

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Gather Supplies and Information

• Assign staff for tasks
• Anticipate all needs to avoid opening door during procedure
• Do not bring entire RSI kit or airway box into room
• Select all equipment prior to entering room
• Code cart outside of room
• Negative pressure room
• Log all people involved in patient care
• Inform ICU of critical patient
• SARS-COV2 swab as indicated
• TIMEOUT before room Entry - Ensure safety
ROOM READINESS TIME OUT

HUDDLE PRIOR TO ROOM ENTRY

REVIEW CHECK LIST AND PPE

• PLACARD ROOM ENTRIES: COVID+ PATIENT

• Assess patient thoroughly for equipment and technique needs

• Assess Environment to determine additional equipment needs

• Suction with tubing and Yankauer

• In-line suction for ETT

• 2 Oxygen regulators (Preferred, not required)

• Bag-Valve Mask with Viral Filter and PEEP Valve

• VIDEO LARYNGOSCOPE WITH AT LEAST TWO ADULT BLADE SIZES

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COLD ZONE: OUTSIDE Rm Staff/Equipment

- Dedicated Staff in PPE outside room to hand off into room
- Dedicated Staff to draw meds, pull equipment/runner
- **Second clinician**, skilled with endotracheal intubation outside room, prepared to enter with cricothyroidotomy kit, second video laryngoscope
- Laryngoscope Blades: Mac 3 & 4, Miller 2 & 3
- Assortment of Oral and Nasal airways
- **Disposable stethoscope**
- Video Laryngoscope Blades: Glide Scope 3 and 4 or similar.
- LMA 3, 4, & 5 immediately available
- Disposable bronchoscope if available.
HOT ZONE: IN ROOM PERSONNEL
(ALL IN PPE INCLUDING N95 or PAPR)

- Clinician
- Respiratory Tech
- Two Nurses
  - one for door hand offs, meds, etc.
  - one for patient care
- Additional personnel required for CPR: Only If Coding
* Non-Intubating personnel should remain as far away from the airway as possible.
HOT ZONE Equipment:

• Ventilator with Viral filter
• BVM with Viral Filter (if available) with PEEP Valve
• ETT securing device
• Lubricating jelly
• ETCO2 Color Change Detector
• ETT Tube(s) & IN-LINE suction system
• 10 ml syringe
• Video laryngoscope ETT stylet
• Video laryngoscope + Blade Variety (ex: Glidescope blades (3 & 4)
• Oral and Nasal Airway
• Disposable stethoscope
• Suction setups- canisters, tubing, Yankauer, Oral Care Supplies
COLD ZONE EQUIP. CHECKLIST:

• Defibrillator/Pacer with appropriate pads - prepare to move into room quickly with increased risk of VT/VF in COVID patients.

• Additional Video Laryngoscope (Glidescope) blades, stylets

• Laryngoscope handle with batteries: CHECK BATTERIES

• Laryngoscope blades (Miller 2, 3, Mac 3,4; consider disposable bronchoscope

• LMA 3, 4, 5; Oral and Nasal Airways

• Additional ET TUBES, preselected Bougie

• Cricothyrotomy Kit with skin prep, sterile towels

• Ultrasound with probe covers, Ultrasound Gel

• Central Line with IV Caps / Arterial Line Kit

• I/O KIT
MEDICATIONS

• Drawn up outside of room and labeled. (Anticipate potential needs)

  • AVOID NEBS, HIGH FLOW O₂ > 6L/min, BIPAP, CPAP
  • IV FLUIDS (Lactated Ringers or Normal Saline - 1 liter)
  • RESPIRATORY: Epinephrine 0.3mg IM, Terbutaline 0.25mg SQ, Albuterol MDI

• Induction Agent: Propofol, Etomidate, Ketamine.

• PARALYTIC: Succinylcholine, Rocuronium or Cisatracurium (if required)

• Paralysis REVERSAL Agents (As appropriate: Neostigmine/ glycopyrrolate, sugammadex, etc)

• NARCOTIC: Fentanyl push dose.

• POST SEDATION: Pre-Prime Propofol tubing for infusion. (Titrate to Deep sedation, Versed/Fentanyl as required)

  • Prefilled and LABELED vasopressor: Phenylephrine, ephedrine, etc.
  • Norepinephrine infusion consider initiation 2-4 mcg/min

CONSIDER: SEDATE AND PARALYZE TO MITIGATE COUGHING, FLAILING, SELF-EXTUBATION
PERFORM TIME OUT:

--HUDDLE PRIOR TO ROOM ENTRY

--REVIEW CHECK LIST AND PPE

TO INCLUDE ALL PERSONNEL INVOLVED IN PATIENT CARE
PROCEDURE (Per APSF Guidelines)

• Perform airway exam once patient enters the negative pressure room

• Preoxygenation via securely placed bag-valve mask outfitted with viral filter.

• Elevate head of bed to avoid de-recruitment (if possible)

• **Rapid Sequence Induction** unless contraindicated

• Minimize hand ventilation with BVM—2 person technique if necessary

• **USE VIDEO LARYNGOSCOPY FOR ALL INTUBATIONS**

• Inflate cuff before ventilation

• Consider Cricothyroidotomy Early

• TV 6ml/kg IBW, moderate PEEP

• Early paralysis for ventilator desynchrony
POST PROCEDURE

• Designate observer to watch all doffing through door and outside of door and instruct on hand hygiene

• Wipe gloves and arms of PPE per hospital protocol BEFORE doffing

• DOFF ALL PPE EXCEPT N95 in room, perform hand hygiene before opening door

• Towels available to remove perspiration after doffing.
Huddle and review performance for future improvement
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