

# CORONAVIRUS UPDATES 12-3-20

## For COVID Intubations

Please follow this algorithm

↓  
**Primary confirms if airborne isolation**

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**2 Providers assigned to each COVID intubation**

↓  
**Don N95/RAPR surgical mask and Face shield prior to heading to floor**

↓  
Most experienced provider enters room with airborne PPE (face shield, surgical mask, N95/RAPR, gown, **double** gloves)

↓  
Performs intubation place dirty scope/blade into biohazard bag.

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Helper dons PPE  
Present to pass supplies into the room PRN

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Receives biohazard bag with blade into SECOND OPEN biohazard bag in aseptic manner.

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*Assists with doffing supervision, documentation, etc.*

## Intubation suggestions:

- Prior to entering room:
  - Check recent K<sup>+</sup> and allergies, note SPO<sub>2</sub>/VS
  - Prepare McGrath/ETT, have Bougie and LMA ready as needed, bring in EasyCap<sup>®</sup> ETCO<sub>2</sub> and biohazard bag for blade
- In room
  - Turn on QRS vol, reset NIBP frequency PRN, check suction and Ambu<sup>®</sup>
  - Attach ETCO<sub>2</sub> to circuit distal to filter
  - Utilize RSI as appropriate
- Experience has shown:
  - Pts often on hi-flow NC with NRB
  - **Mask ventilation discouraged**
  - Pts desaturate rapidly to very low SPO<sub>2</sub>
  - Glottic swelling may limit ETT size to 7.5

**Please leave extra equipment and the intubation box outside of the room for all intubations!!!!!!!**