# Critical Care Guidelines FOR CRITICAL CARE USE ONLY



## COVID-19 / Suspected COVID-19 Intubation Action Card

#### Before:

- 1. The patient will be nursed in a negative pressure room
- 2. Remember your PPE remains the priority. Prior to entering the room, review the PPE guidance for both donning and doffing. Empty pockets before donning. STOP and buddy check PPE.
- 3. RSI technique should be used and performed by the most experienced ICU member available. 2 or 3 additional people in the room to act as airway assistant/ cricoids/drugs. Additional person outside the room to act as airway trolley equipment runner.
- 4. Leave the Intubation trolley outside the room with the runner. Using COVID intubation checklist dry run, **identify all equipment required for Plan A to C prior to entering the room.** Identify plan for getting plan D VBM ScalpelCRIC into room if needed. **Ensure you have Tube clamps**
- 5. At bedside ensure you pre-assemble:
  - o 02 to C Circuit / BVM to Capnography then HME then mask (check all connections)
  - Ventilator on pause to separate Capnography to HME to closed circuit suction system (check all connections)

### **During:**

- 6. Apply PPE and enter room with intubation equipment
- 7. Use COVID ICU intubation checklist (laminated copy in all side rooms). Ensure 5 minutes pre oxygenation.
- 8. Aim to perform RSI with first attempt, best attempt approach
- 9. Use McGrath VL and Oxford Help pillow if trained.
- 10. Pre intubation, if possible avoid bagging (you may have to: de-saturation can be rapid), use 2 handed mask grip
- 11. Following intubation, reconnect to C Circuit with etCO2 and HME and only bag once cuff inflated
- 12. Change to pre prepared vent. circuit with separate etco2 and HME and closed suction after tube clamped. Switch C Circuit 02 supply off prior to disconnection. Only start ventilator once circuit connected.

#### After:

- 13. Continue to wear PPE once airway secured.
- 14. Clean reusable kit such as McGrath / Oxford Help using standard decomtamination approach.
- 15. All other single use equipment and drugs should be disposed of as per HPS guidance.
- 16. If preparing transfer please review separate Transfer document
- 17. Remember your PPE remains the priority. Intubation team to use spotter/buddy to doff PPE

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