

SJH Critical Care Guidelines

Suspected COVID-19 ED Intubation Action Card

Before:

1. Plan your exit strategy. If the patient cannot be transferred through to ITU for intubation then ensure measures are being put in place to free up space to transfer them soon after intubation.

2. Your PPE remains the priority. Prior to entering the room, review the PPE video for both donning and doffing. Empty pockets before donning. STOP and buddy check PPE.

3. Use of HFNO/NIV prior to intubation should be discouraged and the decision to intubate or not should be made as early as possible when the patient is on a low flow device.

4. RSI technique should be used and performed by the most experienced ICU member available.

Recommended personnel:

In Room (1) Critical Care/Anaesthetic Consultant (2) ODP (3) ED Staff Nurse (familiar with environment and kit) -

PLUS

Outside Room (4) ED Staff Nurse (Runner) – familiar with environment and equipment to act as runner if required. Also needs to be in PPE.

5. Leave the Intubation trolley outside the room with the runner. Using COVID intubation checklist, **identify all equipment required for Plan A to C prior to entering the room.** Identify plan for getting plan D (Surgical Airway – scalpel + BVM) into room if needed.

6. Ensure you pre assemble C-Circuit, Capnography then then mask PRIOR to entering room. Ensure all suction equipment is available in the room.

During:

7. Apply PPE and use **BUDDY CHECKS** to ensure it is applied properly. Enter room with intubation equipment.

8. Use COVID ICU intubation checklist (laminated copy). Ensure 5 minutes pre-oxygenation.

9. Aim to perform RSI with first attempt, best attempt approach. Use McGrath VL + bougie and Oxford Help pillow if trained.

10. Pre-intubation **AVOID BAGGING** if possible; use 2-handed mask grip

11. Following intubation, **only bag once cuff inflated with system outlined in point 6.**

12. Currently, we recommend manual ventilation via C-circuit for transferring the patient round to ITU/definitive destination rather than contaminating the Oxylog transport ventilator.

After:

13. Continue to wear PPE once airway secured.

14. Clean reusable equipment such as McGrath and Oxford Help using standard decontamination approach.

15. All other single use equipment and drugs should be disposed of as per HPS guidance.

16. Remember your PPE remains the priority. Intubation team to use buddy system to doff PPE once patient has been transferred through to ITU.