PREPARATION

Location & Timing
• Negative Pressure Room if possible
• Consider early intubation given time needed for preparation
• If potential difficult airway let Anesthesia know early given time for response and PPE prep time. Add scalpel and 6-0 ETT to COVID table

Assemble Team
• In-Room: 2 Experienced airway operators, 2 Resus/EC3 nurses, 1 RT
• Out-of-Room: 1 Runner/PPE Monitor (in full PPE); EC3 Team Lead to read off this algorithm
• Minimize number of healthcare providers needed to complete procedure safely while maximizing protection

PPE
• Wash or sanitize hands for at least 20 seconds
• All In-Room and Runner personnel must DON ON in order: Goggles + N95 or PAPR --> OR cap --> impermeable gown w/ thumbs through thumb holes --> Inner gloves --> Outer gloves
• PPE Monitor: Supervise all donning and doffing of PPE to ensure no cross contamination
• All team members wear role stickers on outside of PPE (on COVID table)

PRE-CHECK and PRE-BRIEF

Equipment Check
• COVID glidescope is charged and working
• COVID table is adequately stocked and located directly outside of room
• Two-way communication device is active

Pre-oxygenation Plan
• Determine the optimal pre-oxygenation strategy. Options include:
  • 6L NC O2 with surgical mask on patient OR
  • BVM + PEEP valve with 2-hand tight mask seal, viral filter, and ETCO2 in line. Use minimal flow and PEEP needed. Do not bag. OR
  • HFNC up to 50L/min using the Drager with surgical mask on patient

Intubation Plan
• Plan A: RSI with VL. Provider with best chance for first past success should intubate
• Plan B: Rescue Oxygenation - iGel with viral filter between iGel and BVM. Bag with minimum flow rate and pressure needed for re-oxygenation. If fails, use BVM w/o iGel but must use two-person technique, adequate mask seal, in-line viral filter, and OPA/NPA as needed
• Plan C: Front of Neck Access - scalpel, bougie, 6-0 ETT

Medication Plan
• In-Room: RSI with Ketamine (0.5 - 1 mg/kg) or Etomidate (0.3 mg/kg) and high dose Rocuronium (1.2-1.6 mg/kg) or Sux (1.5-2.0 mg/kg) to suppress gag/cough and optimize intubating conditions
• In-Room: Sedation - Pre-prime Propofol, Fentanyl, and Midazolam gtt. Bring pump into the room
• Out-of-Room: Hemodynamic optimization - Phentylephrine syringe, Norepi gtt, Bicarbonate
**PROCEDURE**

**Organize**
- Personnel, COVID table, drugs, glidescope into the room
- Door closed
- Set up viral filter and ETCO2 in line on BVM and ventilator circuit (see photos)
- Set up closed suctioning system (Yankauer) with tight seal on canister
- BP cuff set for q3 min and opposite arm from pulse ox

**Optimize**
- Correct hypotension, hypoxemia, and acidosis
- Pre-oxygenate using the pre-determined strategy
- Use Wedge as needed to optimize airway anatomy with ear-to-ternal notch position
- If patient is agitated, consider small dose of ketamine (10-30mg) IV

**Induction & Intubate**
- **PERFORM TIME OUT**
  - Administer RSI meds then wait 1 min. Do not bag during apneic period unless life threatening hypoxemia
  - Turn off HFNC if applicable then take off surgical mask. Intubate
  - **Inflate cuff FIRST**, then ventilate

**POST CHECKS**

**Tube Safe?**
- Confirm ETCO2 waveform and secure ETT
- **Transfer to vent**: Clamp ETT --> remove BVM --> connect ETT to vent --> unclamp ETT
- **Planned disconnections**: Always put ventilator in Standby Mode and clamp ETT prior to disconnecting

**Brain/Heart Safe?**
- Start analgosedation
- Send ABG/VBG, correct acidosis
- HOB 30 degrees

**Lungs Safe?**
- TV < 6-8 mL/kg IBW
- Pplat<30
- Adequate exp time/autoPEEP
- Insert OG tube

**Staff Safe?**
- **In Room**
  - Place glidescope blade and any soiled equip in red bag. Seal and leave in room
  - Remove outer “dirty” gloves. Wipe down glidescope, COVID table, and unused equipment with OxiVir. Put unused equipment into the “dirty” bin
  - Push glidescope and COVID table out of room (w/foot) --> take off inner gloves + gown --> hand hygiene --> exit room
- **Out-of-Room**:
  - Hand hygiene --> remove cap --> hand hygiene --> remove goggle --> hand hygiene --> remove N95 --> hand hygiene --> wash face with soap/water
  - Glidescope and COVID table wiped down again by PPE monitor

**DEBRIEF**
APPENDIX

BVM Setup

iGEL Setup
Airway Table (In Room - Stocked)
<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID AIRWAY TABLE</td>
<td>Bougie</td>
</tr>
<tr>
<td>TUBE CLAMP</td>
<td>IGEL SIZE 4</td>
</tr>
<tr>
<td>ROLE STICKERS</td>
<td>YANKAUER</td>
</tr>
<tr>
<td>ORAL AIRWAY</td>
<td>GLIDESCOPE STYLET</td>
</tr>
<tr>
<td>NASAL AIRWAY</td>
<td>7.5 ETT</td>
</tr>
<tr>
<td>OG TUBE + TUOMY + LUBE ANCHORFAST</td>
<td>7.0 ETT</td>
</tr>
<tr>
<td>BLOOD GAS</td>
<td>INLINE ETCO2</td>
</tr>
<tr>
<td>OXIVIR WIPES IN BAG</td>
<td>10 CC SYRINGE</td>
</tr>
<tr>
<td>BIOHAZARD BAG</td>
<td>GLIDESCOPE #4 BLADE</td>
</tr>
<tr>
<td>VIRAL FILTER</td>
<td>GLIDESCOPE #3 BLADE</td>
</tr>
</tbody>
</table>

**Airway Table (In Room – Unstocked)**