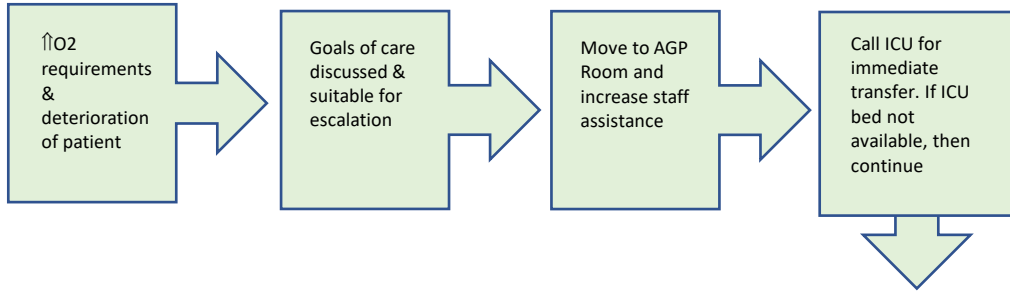


RED & ORANGE COVID-19 PATIENTS REQUIRING INTUBATION IN ED



Intubation of COVID-19 in ED Call - "Special Anaesthetics Service" Anaesthetics COVID-19 Intubation Team

In hours 0730 – 1700

Call Duty Anaesthetics phone #71242 (this may be changed to a dedicated SAS phone / or 55 CODE later).

In hours the team will be -
2 x Anaesthetics Consultants
1 x Anaesthetics Tech (Airway assistant)

Out of Hours 1700-0730

Call switch to go through to on call Anaesthetics Reg overnight. The Anaesthetics Reg will contact the appropriate Consultant to come in.
Expect minimum >15min delay for arrival

Out of hours Intubation team –
1 x Anaesthetics Consultant,
1 x Anaesthetics tech (airway assistant) unless there is a theatre running in which case, no tech.
Call in ED Consultant also overnight (unless very senior airway competent ED Reg is available)

Inside the room

Optimise & pre-oxygenate the patient as best as possible (PEEP 10cm, NP O24Lt-provided extra PEEP)
Draw up drugs – paralytics / vasopressors
IV Fluids
Discuss an airway plan in case of delay or rapid deterioration of patient

Outside the room

Open the RSI Kit & send the Blue bag (BVM / supraglottic airways) into the room
Set up the rest of the RSI Kit outside of the room – in the corridor (don't open individual packets)
Collect & draw up Drugs – Ketamine & Propofol
C-Mac (basket removed & draped clear plastic) / Suction / Ventilator
Need a dirty tray for used airway equipment and a bag to place this in.
Suggest Resus Name labels for all staff involved

On arrival - Anaesthetics need the following information

- 1) This is a likely or confirmed COVID patient
- 2) Goals of Care Confirmed / Suitable pt to escalate
- 3) ICU Aware of intubation / bed need
- 4) Pertinent medical hx / airway hx if available / allergies

Anaesthetics will bring their own airway trolley & drugs as a back-up but are happy to use our equipment if it is all set up. They will bring their own C-MAC blade.

Overnight, they might arrive with nothing if the tech is unavailable.

Hand over inside room to Anaesthetics team

They will require min one Circulation Nurse to remain in, all others leave and Doffe.

Anaesthetics to Intubate

Whilst intubating the Senior ED Doctor should re-Donne and be ready to either take over post intubation or assist with transfer.

Another brief handover btw Anaesthetics and ED senior Doctors Post the intubation process.

Anaesthetics will likely leave once pt is tubed and stable and ED have taken over.

ED will take responsibility of ICU transfer, incl transfer drugs / equipment / PPE / clean sheet over pt etc.

Escalation of Care

Call Anaesthetics to Intubate

Prepare

Handover

ED Care