



COVID-19 INTUBATION PATHWAY



COVID-19 CONFIRMED OR SUSPECTED REQUIRING INTUBATION

ESTABLISH TEAM ROLES:

- Use most experienced intubator
- Only people essential for the resuscitation should be in the room
- Ensure adequate staff as runners outside room
- Confirm airway plan A/B/C/D

ASSEMBLE EQUIPMENT:

- Airway adjuncts and BVM with two-handed seal may be used if all staff in appropriate PPE
- Ensure viral filter is attached to any positive pressure airway device, as close to the patient as possible
- Video laryngoscopy is recommended over direct laryngoscopy
- LMA is safe as an alternative if intubation is unsuccessful

PROCEDURE:

- All staff must don PPE for contact & airborne precautions including a fit-tested respirator
- Ideally carry out procedure in negative pressure space
- Pre-oxygenation with NRB at 15 L/min, BVM with two-handed seal or CPAP/HFNO if patient already on these devices
- Ensure adequate sedation/muscle relaxation to avoid cough
- Make sure to inflate cuff prior to ventilation
- Perform any circuit disconnections at the viral filter. Minimise circuit disconnections.

POST-INTUBATION:

- Be careful when disposing of the bougie and the laryngoscope blade as they will be heavily contaminated
- Ensure appropriate doffing