

COVID-19 Emergency Department Pediatric Intubation Protocol

1. Any provider and staff members (e.g., RT, RN) entering the room during an intubation will follow, contact and airborne precautions with eye protection given high likelihood of an aerosol-generating procedure. This means wearing a gown, gloves, N95 mask and face shield. Door will remain closed.
2. ED provider with concern for pediatric COVID19+ patient/PUI under 12 years of age, or with concern for difficult intubation will page Anesthesia 3911 Resident on call. Anesthesia 3911 Resident will page Pediatric Anesthesia Faculty on call (6626). If Pediatric Anesthesia Faculty unable to respond, the Pediatric Anesthesia Faculty will page Pediatric Otolaryngology Faculty and Otolaryngology Resident on call. If patient requires immediate airway management (eg. delay of 15 to 20 minutes for team arrival not possible) airway will be secured by ED staff.
3. ED provider will also request that RT be paged to bedside. RT will bring ventilator and viral filter.
4. If ED Pharmacy staff is available, they will enter order for RSI medications and draw up and label syringes to pass to anesthesia team in patient room. If ED Pharmacy staff is occupied with other tasks ED provider will order RSI meds and ED RN will draw up meds and label syringes.
5. ED team will bring CMAC and Broselow cart to room.
6. ED provider will be available on Anesthesia/Oto arrival to provide additional history.
7. ED RN will remain at door but will not don PPE to be available to obtain additional equipment or medications as needed.
8. After airway secured and placement verified via ETCO2 patient care will be continued by ED team.