







# Intubation Guidelines for Patients with Known or Suspected COVID-19 Disease

Please review the material and use appropriate isolation precautions. Plan ahead as it takes time to apply all barrier precautions.

<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>BEFORE</b></p>		<ol style="list-style-type: none"> <li><b>1 For emergency surgery:</b> Communicate with Anesthesia Workroom so OR can be prepared and unnecessary equipment can be removed.</li> <li><b>2 Prior to intubation: Review and practice donning and doffing the appropriate respiratory protection, gloves, face shield, and clothing.</b> Pay close attention to avoid self-contamination.</li> <li><b>3 For emergency surgery:</b> If possible, intubate patient in ICU, transport with ventilator, and use ICU ventilator in OR.</li> <li><b>4 Before and after all procedures:</b> Practice appropriate hand hygiene.</li> </ol>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>DURING</b></p>	    	<ol style="list-style-type: none"> <li><b>5 Clothing:</b> Wear gown, gloves, and CAPR or fit-tested N95 respirator + face protector as a shield.</li> <li><b>6 Staffing:</b> Limit the number of providers in the room where the patient is to be intubated. Anesthesia clin tech is to remain outside room if intubation is done in the OR.</li> <li><b>7 Check filter:</b> Ensure bacterial/viral high efficiency hydrophobic filter is placed between facemask and breathing circuit or between facemask and resuscitation bag.</li> <li><b>8 Monitoring:</b> Check standards, IV access, instruments, drugs, ventilator, and suction. If patient is on an ICU ventilator, consider TIVA.</li> <li><b>9 Considerations: Avoid mask ventilation, SGA device, and awake fiberoptic intubation</b> unless specifically indicated. Consider using a video laryngoscope.</li> <li><b>10 Plan for rapid sequence induction (RSI):</b> RSI may need to be modified if patient has very high alveolar-arterial gradient and is unable to tolerate 30 s of apnea, or has a contraindication to succinylcholine. If manual ventilation is anticipated, small tidal volumes should be applied.</li> <li><b>11 Oxygenation:</b> 5 minutes of preoxygenation with oxygen 100% and RSI to avoid manual ventilation of patient's lungs and potential aerosolization of virus from airways.</li> <li><b>12 Intubate, ventilate:</b> Intubate, confirm tracheal tube position, institute mechanical ventilation, and stabilize patient.</li> </ol>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>AFTER</b></p>		<ol style="list-style-type: none"> <li><b>13 Clean equipment:</b> All airway equipment must be decontaminated and disinfected according to appropriate hospital policies.</li> <li><b>14 Remove protective equipment: Avoid touching hair or face before washing hands.</b></li> <li><b>15 Before and after all procedures:</b> Practice appropriate hand hygiene.</li> </ol>