

1 Donning and Doffing - COVID-19

For aerosol generating procedures consider the ante-room as part of the room - get ready before you go into ante-room

Donning:

1. Wash Hands (15 sec, before and after entering ante-room)
2. Put on blue waterproof gown
3. N-95 Mask - mould to face, leak test
4. Hair protection (not in video)
5. Plastic Visor
6. Double glove

- Hands-Gown-Mask-Hair-Visor-Gloves
- Someone more creative needs to come up with a MANTRA or song for this - wash hands then GM-HVG
- We don and doff for ourselves - it is important to get this right

Doffing:

1. Peel gloves off - roll inside out - don't touch outside
2. Wash hands (15 sec)
3. Gown off - roll inside out - don't touch outside - lean forward slightly
4. Wash hands (15 sec)
5. Visor off - lean forward a bit - don't let the bottom touch your clean chest
6. Wash hands (15 sec)
7. Hat off - from the back - don't touch the front
8. Wash hands (15 sec)
9. Proceed to ante-room
10. Mask off - tilt head forward and take off from back
11. Wash hands (15 sec)

3 Airway Meds - COVID-19

Paralytic before sedation in COVID-19 setting - don't want any coughing or bucking on tube which will spread VIRUS

1. **Paralytic agent** - Rocuronium 1.2 mg/kg or Succinylcholine 1.5 mg/kg
2. **Induction agents** - Ketamine 1.5mg/kg, Propofol 1.5mg/kg, Etomidate 0.3mg/kg, Midazolam 0.3mg/kg
3. **Post intubation sedation** - propofol drip 0-50mcg/kg/min, Fentanyl 0.5-1mcg/kg/min, Midazolam prn, Ketamine prn

Scenarios:

- **Hypotension** 80kg individual - Rocuronium 100mg + Ketamine 120mg + Fentanyl drip 50 mcg/hour
- **Normotensive** 80kg individual - Rocuronium 100mg + Propofol 120mg + Propofol drip 0-50mcg/kg/min

Before putting on PPE and going into room ask for your meds to get drawn up:

- Paralytic -
- Induction agent -
- Post intubation sedation -
- Push dose pressor - Epi 1ml of 100mcg/ml in 9ml NS for 10mcg/ml solution

2 Code Blue Roles during COVID-19

In room:

1. Code leader
2. Airway Manager
4. CPR/Pusher
5. Medication/Defibrillation (3&4 can switch when 3 gets tired)

In ante-room:

1. Safety officer (donning and doffing/crowd control)
2. Recorder
3. Someone in PPE ready to go in prn

Outside the room:

Runner to get supplies as needed

4 RSI during COVID-19

NOTES:

- Confirm Code status, main indication for intubation in the setting of COVID-19 is *acute Hypoxemic respiratory failure* despite **5L/min of O2 by nasal prongs**, intubate early (avoid crash intubations)
- Need full PPE for Aerosol Generating Procedure, Negative pressure room, Closed Loop communication
- Predicted difficult airway - Call Anesthesia
- RT will assemble airway equipment, RN will get medications
- Limit number of people in the room - can get away with 3 - Most experience to intubate, RT, RN,...Safety officer in Ante-room
- Using normal Airway tray - Except the following are added - **CLAMP, VIRAL FILTER** - Use *Video Glidescope* - to avoid getting too close to patient with Direct laryngoscopy - When taking stylet out - *just before it is out* - **CLAMP** the ETT tube - to avoid spread of aerosols - may unclamp after connected to ETCO2 detector, Viral filter and Ambu bag
- Confirm position of tube - 1. by watching it go through the cords and line up black line with cords, and 2. ETCO2 detection
- Ideally DO NOT bag patient - if you must bag use a VE hand technique and not the usual CE hand - to decrease spread of aerosols
- When using Glidescope to intubate - **HOLD CPR** - If failed intubation - use LMA with Viral filter

Zero - 10 min - **Preparation** - Monitor SpO2, ECG, BP, IV access

Ask for meds prior to Donning PPE (Paralytic agent, Induction agent, post intubation sedation, Push Dose Pressor - for example - 80 kg patient - Rocuronium 100mg, Ketamine 120mg, Fentanyl drip at 50mcg/hour, Phenylephrine 10mg in 100ml NS for 100mcg/ml solution - use 100-200mcg prn or 1ml of Cardiac Epi (100mcg/ml) in 9ml of NS for 10mcg/ml solution

Zero - 5 min - **Preoxygenate/Position** - use Non-rebreather mask at 10L/min - for 5 minutes - Position patient

Zero - 3 min - **Pretreatment** - Child under 12 months (Atropine), Reactive AW/increased ICP (Lidocaine), increased ICP/CVD (Fentanyl)

Zero - **Paralysis just prior to Sedation** - so patient does not cough or buck on tube and spread aerosols

Zero + 45-60 sec - **Placement with Proof** - Intubate with Glidescope - when taking out stylet CLAMP tube - confirm by watching tube pass cords and ETCO2 detection

Zero + 1-2 min - **Post intubation Management** - Sedation and Analgesia, ongoing Paralysis, Hemodynamics, O2, ETCO2, Vent settings