

VCH (PICU/PED) Intubation Guidelines for Patients with Suspected or Confirmed COVID infection

Pre-Intubation

1. Establish Team Plan

Inside the room

- Experienced provider intubating
- Experienced RT
- RN administering meds
- Add personnel based on clinical scenario

Outside the room

- Recorder
- Charge/Resource RN
- Pharmacist or Med RNs
- Runner
- Resource RT

2. Gather Supplies

Equipment

- Perform usual equipment checklist outside room
- **Additional needs: bacterial/viral filter, ETT clamp, video laryngoscopy (if available), use cuffed ETTs only, PPE (see #3)**

Medications

- RSI if possible
- Rocuronium- consider 1.6 mg/kg to avoid coughing
- Order continuous gtts ASAP

3. Don PPE

Intubation = AGP

- All staff inside room to wear **gown, gloves, N95 mask, and face shield**
- Remove jewelry prior to PPE
- Don and doff PPE with buddy

Intubation

1. Pre-procedure

- Preoxygenate patient if able (i.e. patient on existing support should be escalated to 100% while preparing for procedure)
- If patient on HFNC turn off flow before removing to avoid aerosolization

2. Mask technique

- Place bacterial/viral filter between bag and mask
- Remove cannula prior to bagging to allow for tight seal
- Use **2 hand mask technique** to maximize seal
- **AVOID masking** if possible- RSI ideal

3. Intubating

1. Intubation using video laryngoscopy is strongly advised to avoid close contact
2. Inflate ETT cuff prior to bagging
3. Place filter and disposable ETCO2 when attaching ETT to bag
4. Assess ETCO2 and chest rise, avoid auscultation if able
5. Once intubation confirmed, clamp ETT
6. Remove bag/filter/ETCO2 and connect ETT to ventilator (with new filter used on ventilator per RT protocol)
7. Unclamp ETT
8. Secure ETT

Post-Intubation

Post-procedure

- Doff PPE with buddy if possible
- **Doffing process poses highest risk for self-contamination.**

Further Care

- Avoid unnecessary circuit disconnections
- Clamp ETT if circuit must be disconnected
- See Guidelines for Respiratory Therapy
- Clean video laryngoscopy tool per usual practice for airborne patients

