**PREPARATION**

**Location & Timing**
- Negative Pressure Room if possible
- Consider early intubation given time needed for preparation
- If potential difficult airway let Anesthesia know early given time for response and PPE prep time. Add scalpel and 6-0 ETT to COVID table

**Assemble Team**
- In-Room: 2 Experienced airway operators, 2 Resus/EC3 nurses, 1 RT
- Out-of-Room: 1 Runner/PPE Monitor (in full PPE); EC3 Team Lead to read off this algorithm
  - Minimize number of healthcare providers needed to complete procedure safely while maximizing protection

**PPE**
- **HAND HYGIENE** for at least 20 seconds
- In-Room personnel, Runner, and PPE Monitor must DON ON: Inner gloves → impermeable gown w/ thumbs through thumb holes → Outer gloves → N95 or PAPR → goggles → OR cap
- PPE Monitor: Supervise all donning and doffing of PPE to ensure no cross contamination
- All team members wear role stickers on outside of PPE (on COVID table)

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**PRE-CHECK and PRE-BRIEF**

**Equipment Check**
- COVID glidescope is charged and working
- COVID table is adequately stocked and located directly outside of room
- Two-way communication device is active

**Pre-oxygenation Plan**
- Determine the optimal pre-oxygenation strategy. Options include:
  - 6L NC O2 with surgical mask on patient OR
  - BVM + PEEP valve with 2-hand tight mask seal, viral filter, and 6L/min O2 connected to EtCO2 adaptor and 15L/min inlet O2. Use PEEP as needed. DO NOT BAG. OR
  - HFNC up to 50L/min using the Drager with surgical mask on patient

**Intubation Plan**
- **Plan A:** RSI with VL. Provider with best chance for first past success should intubate
- **Plan B:** Rescue Oxygenation - iGel with viral filter between iGel and BVM. Bag with minimum flow rate and pressure needed for re-oxygenation. If fails, use BVM w/o iGel but must use two-person technique, adequate mask seal, in-line viral filter, and OPA/NPA as needed
- **Plan C:** Front of Neck Access - scalpel, bougie, 6-0 ETT

**Medication Plan**
- In-Room: RSI with Ketamine (0.5 - 1 mg/kg) or Etomidate (0.3 mg/kg) and high dose Rocuronium (1.2-1.6 mg/kg) or Sux (1.5-2.0 mg/kg) to suppress gag/cough and optimize intubating conditions
- In-Room: Sedation - Pre-prime Propofol, Fentanyl, and Midazolam gtt. Bring pump into the room
- Out-of-Room: Hemodynamic optimization - Phenytoine syringe, Norepi gtt, Bicarbonate
### Procedure

**Organize**
- Personnel, COVID table, drugs, glidescope into the room
- Door closed
- Set up viral filter and ETCO2 in line on BVM and ventilator circuit (see photos)
- Set up closed suctioning system (Yankauer) with tight seal on canister
- BP cuff set for q3 min and opposite arm from pulse ox

**Optimize**
- Correct hypotension, hypoxemia, and acidosis
- Pre-oxygenate using the pre-determined strategy
- Use Wedge as needed to optimize airway anatomy with ear-to-sternal notch position
- If patient is agitated, consider small dose of ketamine (10-30mg) IV

**Induction & Intubate**
- **PERFORM TIME OUT**
  - Administer RSI meds then wait 1 min. Do not bag during apneic period unless life threatening hypoxemia.
  - Turn off HFNC if applicable then take off surgical mask. Intubate!
  - Inflate cuff FIRST, clamp ETT as stylet removed, attach BVM, then unclamp and bag

### Post Checks

**Tube Safe?**
- Confirm ETCO2 waveform and secure ETT
- Transfer to vent: Clamp ETT --> remove BVM --> connect ETT to vent --> unclamp ETT. Ensure EtCO2 monitor is in-line.
- Planned disconnections: Always put ventilator in Standby Mode and clamp ETT prior to disconnecting

**Brain/Heart Safe?**
- Start analgesedation
- Send ABG/VBG, correct acidosis
- HOB 30 degrees

**Lungs Safe?**
- TV < 6-8 mL/kg IBW
- Pplat<30
- Adequate exp time/autoPEEP
- Insert OG tube

**Staff Safe?**
- In Room
  - Place glidescope blade and any soiled equip in red bag. Seal and leave in room.
  - Remove outer gloves > hand hygiene > new outer gloves. Wipe glidescope, COVID table, and unused equipment with Oxivir. Put unused equipment into the "dirty" bin.
  - Push glidescope, COVID table w/ "dirty" bin out of room w/ foot or wipe-in-hand
  - Doff gown and outer gloves > hand hygiene (to gloves) > exit room
- Out-of-Room:
  - Remove inner gloves > hand hygiene > new gloves > remove cap > hand hygiene > remove goggle > hand hygiene > remove N95 > hand hygiene > wash face w/ soap/water
  - Glidescope and COVID table wiped down again by PPE monitor

### Debrief

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APPENDIX

BVM Setup – For Preoxygenation

BVM Setup – For Post-Intubation
iGEL Setup

Ventilator Circuit Setup
Airway Table (In Room - Stocked)
Airway Table (In Room – Unstocked)
Michigan Critical Care Collaborative Network

Material Attribution

Primary Author: Brendan W. Munzer

Institution or Source: Michigan Medicine Department of Emergency Medicine

Notes/Summary