




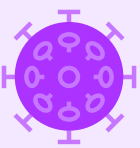



## Outside of OR Airway Response

**ASSUME ALL EMERGENT AIRWAYS ARE COVID-19 UNTIL PROVEN OTHERWISE**

Last updated: May 14, 2020

Please review the material and use appropriate isolation precautions.

<b>BEFORE</b>		<ol style="list-style-type: none"> <li><b>1 Prior to intubation: Don N95 (or PAPR), gloves x 2, eye protection, and gown x2.</b> Pay close attention to avoid self-contamination (buddy system). Before and after all procedures, practice appropriate hand hygiene</li> <li><b>2 Get GlideScope GO &amp; Airway Bag (containing medications) from staging area. (Also take Code GlideScope and Code bag to stay outside pt room.)</b></li> </ol>	
	<b>DURING</b>	    	<ol style="list-style-type: none"> <li><b>3 Clothing:</b> Wear 2 gowns, 2 pairs of gloves, a fit tested N-95 respirator or a PAPR (for those not fit-tested for or unable to use an N-95 mask) + eye protection. (PAPR: powered air-purifying respirator)</li> <li><b>4 Monitoring:</b> Perform pre-procedure time out, including role and need for PPE. Check standards, IV access, instruments, drugs, ventilator and suction</li> <li><b>5 Considerations: Avoid CPAP, BIPAP, High-Flow Nasal O2, Suctioning and AFOI unless clinically necessary.</b></li> <li><b>6 Plan for rapid sequence induction (RSI):</b> RSI may need to be modified, if patient 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 or LMA considered.</li> <li><b>7 Oxygenation:</b> 5 minutes of pre-oxygenation with oxygen 100% and RSI to avoid potential aerosolization of virus from airways.</li> <li><b>8 Check filter:</b> Ensure hydrophobic HME filter placed between facemask and breathing circuit or between facemask and Ambu bag or circuit.</li> <li><b>9 Intubate:</b> Intubate with GlideScope GO and confirm correct position of tracheal tube. Try to avoid ETT suction. If suction is needed, use closed system suctioning.</li> <li><b>10 Ventilate:</b> Inflate cuff, place HME filter, confirm end tidal CO2 and hand off to RT to attach the ventilator to tube with hydrophobic HME filter on tube.</li> <li><b>11 Remove:</b> Doff outer gown and gloves post intubation, wrapping away from you and including the videolaryngoscope blade in disposal pieces.</li> </ol>
<b>AFTER</b>			<ol style="list-style-type: none"> <li><b>12 Clean equipment:</b> All airway equipment is discarded except GlideScope GO. GO is disinfected and passed outside the room. Dispose of drugs in patient room in sharps container</li> <li><b>13 Remove protective equipment: Doff all PPE in room except N-95 or PAPR and eye protection. Remove remaining PPE outside room following IPE recommendations.</b> (Follow proper procedure for reuse/extended use).</li> <li><b>14 Before and after all procedures:</b> Practice appropriate hand hygiene.</li> </ol>