UPDATED March 19, 2020

Protected INTUBATION

Requiring intubation + Suspected/Confirmed High Consequence Pathogen

INSIDE Room

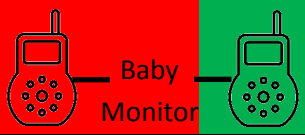
NEGATIVE PRESSURE

MD-Lead + Airway ICU/Anes/ED

RRT

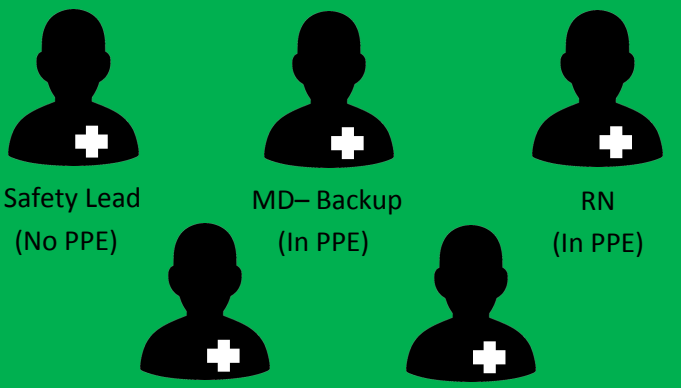
RN

DO NOT use stethoscope



Baby Monitor

OUTSIDE Room



Safety Lead (No PPE)

MD– Backup (In PPE)

RN (In PPE)

Runner (No PPE)

RRT—Backup (No PPE)

Safety Lead to monitors PPE donning/doffing

Charting OUTSIDE ROOM

EXPERIENCED STAFF ONLY

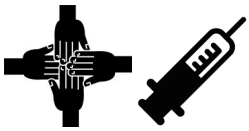
Required PPE (use donning/doffing checklist):

1. Level 2/yellow cloth gown **2.**Fit-tested N95 Respirator **3.** +/- Bouffant

4. Face Shield **5.** Nitrile gloves

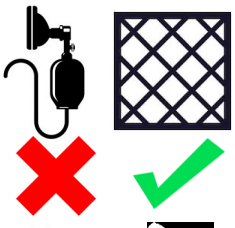
Intubate EARLY for increasing O_2 requirements.

Consider early intubation for patients requiring O_2 with clinical deterioration OR oxygen requirements of absolute 0.5 FiO_2. Preoxygenate with facemask with HEPA filter or BVM WITHOUT MANUAL VENTILATIONS. AVOID BiPAP.



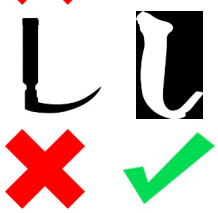
Have a clear PLAN. LIMIT equipment in the room.

Have a TEAM HUDDLE and have a clear plan of approach with all team members. Limit the equipment in the room to absolute necessities. DO NOT use stethoscope.



AVOID manual ventilations. USE a HEPA filter. PARALYZE early.

Attach HEPA filter to BVM. Maintain oxygenation with a two-handed mask seal. The priority is to get the patient intubated and onto a closed, filtered ventilation circuit.



AVOID direct laryngoscopy. Consider VL and/or LMA. PARALYZE.

Maximize space between airway and provider. PAUSE compressions for intubation. Consider video laryngoscopy. Consider use of laryngeal mask airway. PARALYZE early. TRANSFER on CLOSED CIRCUIT ventilation system. Have a clear TRANSPORT plan.

Review full protocols on https://sunnynet.ca/coronavirus

Updated 2020Mar19

Sunnybrook
DEPARTMENT OF EMERGENCY SERVICES