COVID-19 ST TOP ECK PPE TEAM 200 191 Go-Pack 1 (base kit) **PPE Spotter** SUMMARIZE PLAN **Go-Pack 2 (difficult airway) Primary team** Preoxygenation Pre-Ox Pack (BVM w/ filter) **MD: Intubator/Lead** Plan A: MAC VL + Airway assistant* **Two bougies** BOUGIE Towels/ramp for positioning Clinical assistant* **Plan B: Alternative** Video-larvngoscopy check **Plan C: Exit strategy** Support team Ventilator + extra filter **Plan D: Emergency** MD: Intubator assist IV equipment strategy + cardiac arrest lead Airwav assistant* **Medications: Encountered difficulty RSI (Induction/paralytic) Cardiac arrest Review roles** Pre-dosed vasopressor **Circuit disconnection** Flush *RT, Medic, Nurse **ADDRESS QUESTIONS** Post ETI sedation-analgesia CIPATE 3-5min / SATS >90% DF [♥] Minimize flow ≫ MAY NOT OBTAIN NP<5LPM ISAT Head up 25 /Sniff position

Filtered NRB <15LPM Filtered BVM up to 15 lpm w/PEEP 10-15 cmH20 NP-5 lpm 2hands

Ketamine 0.5-1mg/kg PRN

Ketamine 1mg/kg (if not given for preox) Rocuronium 1.5 mg/kg Maintain airway 50 second count



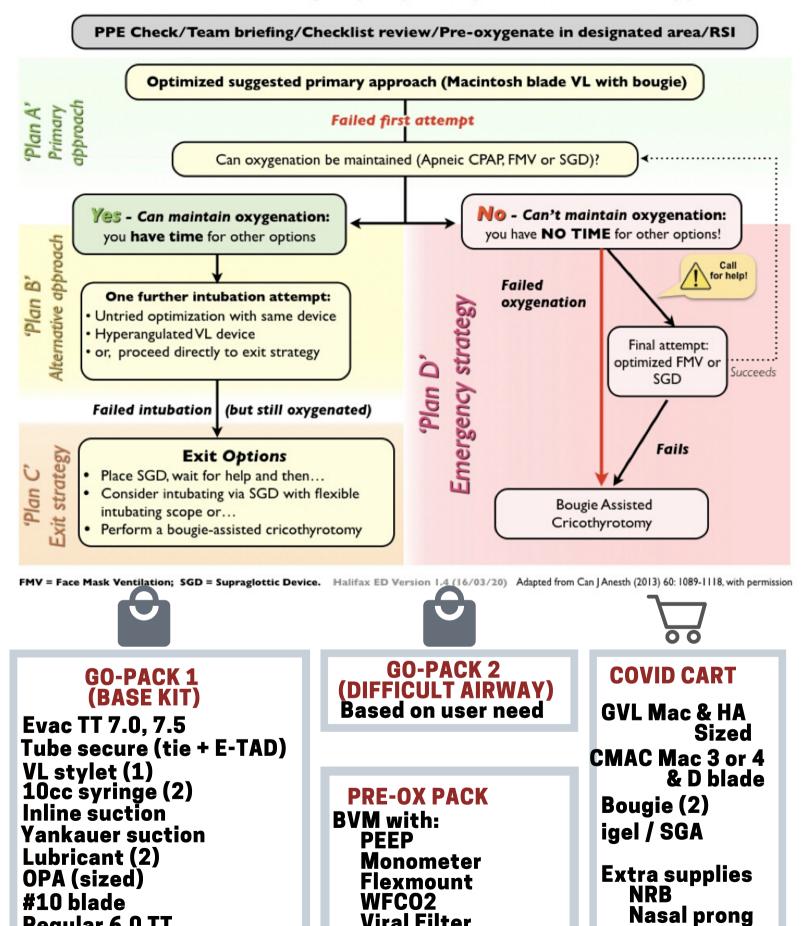


Place tube (see algorithm) if not tolerating preox

PUST INTUDATION	
Inflate cuff before ventilation	CIRCUIT
Connect directly to ventilator w/viral filter	DISCONNECTION
 Confirm tube placement by capnographic waveform - secure Hypotension: Rescue Pressor + infusion PRN Norepi, Epi, Phenylephrine 	Place finger over tube and attach filter
Initial Ventilator: Tidal volume 6cc/kg, PEEP 10-12, FiO2 1.0, RR 16 Reassess and titrate as needed Driving pressure <15, Pplat <30	
Sedation-Analgesia: Ketamine/Propofol/Fentanyl Bolus doses should be available	one-by-one with a spotter

Bolus doses should be available

COVID-19 Adult Emergency Rapid Sequence Intubation Approach



Be Safe, Slow Down, Take care of yourself in these difficult times

Mask

Regular 6.0 TT

Colorimeter ETCO2

Viral Filter

OPA