

AIRWAY MANAGEMENT OF NON-INTUBATED SUSPECTED OR CONFIRMED COVID-19 PATIENTS



UPDATED **3-20-2020**

PLAN

1. Confirm roles and appropriate PPE to limit exposure and transmission
2. Consider separate clinician for induction medications and hemodynamic management
3. Confirm tight circuit connections on standard anesthesia circuit
4. Plan RSI with GlideScope® to maximize distance between intubator and airway
5. Only one stylet, one #3 blade, and one #4 blade in room
6. Place anticipated induction supplies on mayo stand away from cart and ventilator

INDUCE

7. Avoid masking if possible by optimizing pre-oxygenation; if needed, use small tidal volumes and two-handed technique with oral airway to reduce leak
8. Time neuromuscular blockade to minimize coughing

INTUBATE

9. Confirm apnea before removing mask to intubate
10. Place reusable stylet in plastic bag
11. Inflate cuff and remove outer gloves prior to ventilation
12. Confirm tube position with end-tidal CO₂, not with auscultation
13. Put mask in plastic bag and secure ETT, dispose GlideScope® blade in regular trash
14. Remove gloves and perform hand hygiene
15. Seal reusable stylet in bag with twist tie
16. Contact tech to decontaminate GlideScope® (meet at door with scope)