

URGENT INTUBATION GUIDE - SUSPECTED/CONFIRMED CoVID19

OUTSIDE ROOM

CLEAN SPACE CHECK

PICU

- Assign the 3 essential roles + runner
- Pockets empty check
- Review/share intubation plan
- Intubation drugs
 - Ketamine 2mg/kg x2
 - Rocuronium 1mg/kg x2 +/-reversal agent
 - 0.9% Saline flushes
- Tray for equipment/open orange bag for used airway kit

NON- PICU location

- Name check + assign roles
- Pockets empty check
- Review/share intubation plan
- Route to PICU arranged
- Intubation drugs
- Tray for equipment/open orange bag for used airway kit

PATIENT

- Anaesth history/Family history of anaesthetic problem
- Allergies
- Airway concerns?

ROLES

- Primary Intubator (most experienced)
- Drugs/secondary airway/ventilation
- Airway assistant – preparation
- Runner +/- extra assistant

DON KIT AND MAKE READY

- Identify area inside to use as table
- Dress in AGP PPE as per Trust policy
- STOP! Spin around and “Buddy” check PPE
- Take Intubation kit and drugs into COVID space (see overleaf)
- Consider videolaryngoscope as first option**
- Consider Difficult airway trolley

WHEN CLEAN AGAIN

DEBRIEF

Any retrospective issues?

- PPE
- Kit
- Intubation
- Transfer
- Ventilator
- Communication
- Stress level
- Unexpected Hazards

- Any other concerns?

URGENT INTUBATION GUIDE - SUSPECTED/CONFIRMED CoVID19 INSIDE ROOM

EQUIPMENT PREPARATION

Intubation kit

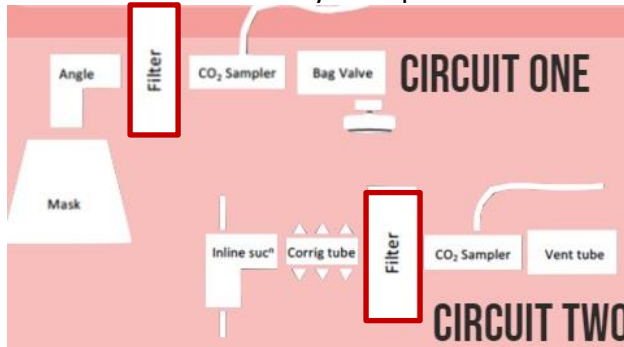
- Face mask/Guedel/ Nasal Airways
- Stethoscope (leave outside till intubated)
- 2 laryngoscope handles + blades
- 2 ETT (1 smaller) – **check cuff/loosen connector**
- Bougie/Stylet
- Magills forceps – NGT insertion only
- Syringe for cuff + manometer
- Cut tape/lube/gauze
- Blue clamp (for ETT)

Monitoring

- ECG
- NIBP (on cycle) +/- invasive ABP
- SpO2 – QRS tone on
- EtCO2 – in-line/detector/**behind filter**

Equipment check

- Breathing circuit - HMEF nearest to patient
- Suction on/working - Yankauer/catheters
- Ventilator checked (no humidifier)
 - in-line suction onto circuit
 - on standby until patient connected



PATIENT PREPARATION

Pre-oxygenation

- 100% O2 – no routine high flow rates
- Face mask – good seal
- No routine bagging once anaesth – small TV if necessary

NG Tube

- Insert once airway secure
- NGT aspirated/free drainage

Patient Position

- Optimised for intubation
 - Pillow/Neck roll

IV Access

- Adequate
- Patent
- Secure

Optimisation

- Set up/attach fluid bolus
- Inotrope/Vasopressor infusion
- Plan Emergency drugs
 - Adrenaline 0.1ml/kg 1:10000
 - Phenylephrine 5mcg/kg doses
 - Metaraminol 250mcg/doses (older child)
 - Atropine 20mcg/kg

FINAL PREPARATION

Team

- 3 personnel - essential roles
- Drugs (doses checked)
- RSI/Cricoid
- Intubation plan shared?

Difficult Airway Anticipated

- Difficult Airway trolley needed
- Paediatric Anaesthetist required/alerted

SEE DIFFICULT AIRWAY ALGORITHM

Post intubation

- Turn off O2 flow whenever disconnecting from circuit
- Clamp ETT when taking off bagging circuit prior to connecting to ventilator via in-line suction
- Morphine/Midazolam
- Propofol outside PICU (except neonates)
- Clean room 20min after last AGP