

APPENDIX A: Anesthesia COVID Unit Intubation Infographic for COVID-19 Patients

Phase

OUTSIDE THE ROOM + SETUP	<p>Donning PPE</p> <ul style="list-style-type: none"> Wash hands Wash surgical head cover Wear Tyvek suit Wear protective gown Apply N95, perform fit check Put the face mask with face shield above the N95 mask or wear goggles Put on the hood of the Tyvek suit Double gloves, must be above gown, make sure hands are all covered 	<p>Allocate Roles of the Airway Team</p> <ul style="list-style-type: none"> ICU nurse: Inside-IV medications Inhalation therapist: Inside-Skilled airway assistant Anesthesia resident: Intubator Anesthesia therapist: outside - runner Anesthesia attending in case of difficult airway: backup 	<p>Check Equipment</p> <ul style="list-style-type: none"> Face mask (different sizes) MAC 3 & 4 blades + handle ETT size 6-9 Yankauer Suction Closed loop suction for ETT suctioning Bougie + Stylet 1 bag for disposal of contaminated equipment Cmac videolaryngoscope Laryngoscopy blades: D blade for difficult airway to be used with stylet Macintosh blade for regular airway. 	<p>Medications for RSI:</p> <ul style="list-style-type: none"> Propofol Ketamine/Etomidate Rocuronium Succinylcholine Fentanyl Glycopyrrolate Lidocaine 2% Sugammadex Emergency drugs: ephedrine, atropine, neosynephrine
INSIDE THE ROOM	<p>Airway Assessment</p> <ul style="list-style-type: none"> Communicate with the anesthesia therapist about any concerns of difficult airway requiring further airway equipment (stylet, bougie etc...) Prepare Cmac videolaryngoscope appropriate blade and stylet 	<p>Check Equipment:</p> <ul style="list-style-type: none"> Ambu bag or T-piece circuit connected Adequate O2 supply Suction ready with Yankauer (closed suctioning systems preferred if available) Oral airway ETT ready Standby direct laryngoscope check (size, light bulb) 	<p>Positioning:</p> <ul style="list-style-type: none"> Optimize positioning to maximize 1st attempt success 	<p>After 60 secs or witnessed fasciculations, when ready to Intubate:</p> <ul style="list-style-type: none"> Turn off gas flow to decrease contamination from face mask Remove face mask from patient Place Tube Directly inflate the cuff Connect to ventilator as quickly as possible Ventilate and confirm tube placement by capnography
<p>Medications for RSI:</p> <ul style="list-style-type: none"> Propofol, succinylcholine or rocuronium (preferable), and emergency drugs 	<p>ASA Monitors:</p> <ul style="list-style-type: none"> Capnography SpO2 ECG Blood 	<p>Preoxygenation:</p> <ul style="list-style-type: none"> Preoxygenation with 100% for at least 5 min 	<p>Disposal:</p> <ul style="list-style-type: none"> Careful disposal of Cmac blade and stylet in the bag, by the inhalation therapist, and send to CSD 	<p>Check IV Line</p>
AFTER - OUTSIDE THE ROOM	<p>Continue Doffing</p> <ul style="list-style-type: none"> Remove N95 once outside the room Wash hands with soap and water Remove Tyvek outside room before exiting the unit 	<p>Shower</p> <ul style="list-style-type: none"> Take a shower with your crocs before leaving the unit and going back to main hospital 	<p>Documentation of Procedure</p> <ul style="list-style-type: none"> Documentation of the airway procedure can be done from outside the unit 	