



Intubation

Use this to understand the latest **guidelines and steps** for **COVID-19 intubation**.

Overview

- Primary goal is to minimize aerosolization & direct exposure of medical personnel.
- Consider theater medical rules of engagement prior to resuscitation of infected patients.
- If not confident, do not intubate until teleconsultation or experienced personnel arrive.
- Intubation will cause aerosolization. Wear best possible PPE, use one assistant.
- Use large Endotracheal tubes (ETT) to prevent secretion airway obstruction diameter (8.0 for males, 7.0 for females).
- Preassemble the test equipment, ventilator, and supplies, including in-line suction, heated humidification device (e.g. Hamilton H900) or heat and moisture exchanger (usually HME-F with microbiological filter) in the INHALATION circuit of the ventilator tubing. Place a HEPA filter (microbiological filter) or HME-F in the EXHALATION circuit of ventilator tubing.

Actions (Disclaimer: Not a comprehensive list of steps for intubation)

Preparation

1. Assess intubation need based on breathing effort; early intubation allows for greater preparation, improved control, and complication prevention.
2. Passively pre-oxygenate with 100% O₂ via nasal cannula or non-rebreather, covered by surgical face mask, for at least 5 minutes. **Avoid Bag Valve Mask (BVM) Ventilation.**
3. If BVM required, use in-line viral filter.
4. Use strict rapid sequence induction (RSI) technique.

Procedure

5. Use video laryngoscopy (i.e., Glidescope) for intubation to limit direct exposure.
6. If unable on first attempt to intubate/visualize vocal cords, place iGel laryngeal mask airway (LMA) with viral filter.
7. Ventilate LMA with BVM and attached PEEP valve until oxygenation adequate.
8. Consider re-attempting and/or tele-consultation if intubation is unsuccessful.

Ensure Placement

9. If chest X-Ray is unavailable to confirm ETT placement, use EtCO₂ (goal 35mmHg +/- 5) and auscultation for verification.
10. After placing on ventilator, consider de-recruitment procedure, initiate lung-protective ventilation strategy to maintain oxygenation SpO₂ 88-92% to conserve oxygen supplies.
11. Set tidal volume 4-6mL/kg ideal body weight (IBW); keeping plateau pressure (Plat) < 30mmH₂O is the goal. IBW – Men = 50 kg + (2.3 kg x (height in inches - 60)), IBW – Women = 45.5 kg + (2.3 kg x (height in inches - 60)).
12. Tape circuit connections.
13. Avoid disconnects and minimize suctioning, using in-line if possible.
14. Place clamp in easily seen location and clamp ETT for planned/unplanned disconnects.