AIRWAY MANAGEMENT FOR ADULT PATIENTS, CONFIRMED COVID-19 POSITIVE AND PUIs

**COVID-19+ or PUI screened in the Emergency Department**

- Transport using NC O2 is preferred. If additional O2 is needed (> 6L/min), NIV with an expiratory filter can be used provided that there is minimal/no leak around the mask. If NIV is ineffective, consider intubation prior to transport.

**Place in negative pressure room (if available)**

- If unavailable, place a portable HEPA filter in the room and keep the door closed.

**Use supplemental NC O2, up to 6L/min, to maintain O2 sat > 92%**

**HFNC O2 can be used. If unable to maintain target O2 sat with 15L/min flow or significant work of breathing, a trial of NIV may be considered, otherwise low threshold to intubate**

**MDI treatments ONLY**

- NO nebulized bronchodilators

**N95/face shield MUST be worn for the following:**

- Intubation, extubation, use of bag mask valve ventilation, NIV, HFNC O2 > 6L/min

* If a CAPR is available, it may be used as a substitute for N95/face shield

**Aerosol masks and face tents will NOT be used post-extubation**

**Extubate to NC O2 or HFNC**

- Increased O2 demand, work of breathing

**Intubate using RSI**

**Place patient on a ventilator with a closed filtered circuit**

**Extubation**

- If unable to maintain target O2 sat with 15L/min HFNC O2 or significant work of breathing, a trial of NIV may be considered, otherwise low threshold to re-intubate

**Essential travel**

- LTV 1200 (PALL filter)
- Trilogy (PALL filter)
- NIV with filtered circuit may be considered
LTV 1200 Circuit (PALL Filter Inline at the wye)

Trilogy Circuit (PALL Filter Inline prior to exhalation valve)

Inter-surgical filter application with the Bag