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%

MDI treatments ONLY

NO nebulized bronchodilators

O2 sat < 92%

HFNC O2 up to 40 LPM(60-TMH) can be used. Patient must wear a surgical mask when HCW are in the room. If dyspnea/Sp02 do not improve, a trial of NIV may be considered, otherwise a low threshold to intubate

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

Multidisciplinary collaboration for all imminent Intubations. Anesthesia will perform ALL intubations. In emergent situations, the next most skilled provider should intubate

Intubate using RSI

Place patient on a ventilator with a closed filtered circuit

Essential travel

- LTV 1200 (PALL filter)
- Trilogy (PALL filter)
- NIV with filtered circuit may be considered

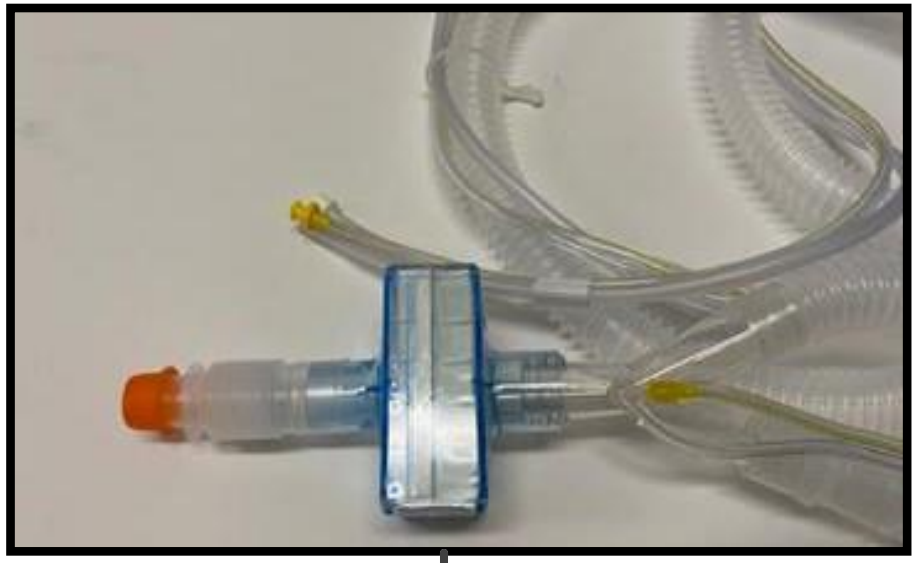
Extubation

Extubate to NC O2 or HFNC

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

Increased O2 demand, work of breathing

If unable to maintain target O2 sat with 40LPM (60 - TMH) HFNC O2 or significant work of breathing, a trial of NIV may be considered, otherwise low threshold to re-intubate



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

April 30, 2020