AIRWAY MANAGEMENT FOR ADULT PATIENTS CONFIRMED COVID-19 AND PUI

COVID-19 or PUI Screened in the Emergency Department

Transport using NC O2 is preferred. If additional O2 is needed, NIV with expiratory filter may be considered provided that there is very minimal/no leak around the mask. If supplemental modalities are ineffective, consider intubation

Place In Negative Pressure Room (if available)
If unavailable, get a portable HEPA Filter in room. Keep door closed

Supplemental O2 NC 2-6 LPM
Respiratory distress not noted Sat's 94-100%

Sat's Below 92%?

Aerosol Mask/Face Tent will not be utilized for post extubation.

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

If O2 Sats <92% on 6L and/or significant work of breathing, a NRB mask, high flow nasal cannula (HFNC) and NIV may be used. If these modalities are ineffective, low threshold to intubate.

Advanced Airway – ETT/LMA placement using RSI

If O2 sats <92% on 6L and/or significant work of breathing, a NRB mask, HFNC and NIV may be used. However, there should be a low threshold to reintubate

Pt will be Extubated to NC 2-6LPM

Increase O2 Demand?

Extubation?

Place Pt on Ventilator. Inline Neb. with Closed Filtered Circuit

LTV 1200 (PALL Filter)

Essential Travel?

CAPR (when available—If not available use N-95 + eye protection) must be worn during the following: Intubation, HFNC, NIV, NRB and BMV

Trilogy (PALL Filter)

Filtered NIV can 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