AIRWAY MANAGEMENT FOR ADULT AND PEDIATRIC CONFIRMED COVID-19 AND PUI

COVID-19 or PUI Screened in the Emergency Department

Place In Negative Pressure Room (if available) room per unit availability

Supplemental O2 NC 2-6 LPM
Respiratory distress not noted Sat's 94-100%
Sat's below 92% consider intubation

MDI Treatments only NO NEBULIZERS

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

NIV and HHFNC MUST NOT BE USED ON THESE PATIENTS.

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

CPR must be worn during Intubation

Advanced Airway – ETT/LMA placement using RSI

If O2 sats <92% on 6L and/or significant work of breathing, plan for intubation. May use NRB mask if needed while setting up for intubation”

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

If extubation?

Travel?

LTV 1200 (PALL Filter)

Trilogy (PALL Filter)

Pt will be Extubated to NC 2-6LPM

Increase O2 Demand?

Plan to reintubate. May use NRB mask if needed while setting up for intubation”

Pt will be Extubated to NC 2-6LPM
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