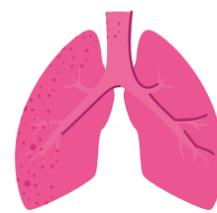


INTUBATION MEDICATIONS/SEDATION REQUIREMENTS FOR INTUBATING COVID-19 PATIENTS



Rapid Sequence Intubation (RSI)



CONSIDERATIONS

- Many patients are not obtunded and are without significant end organ dysfunction
- To optimize first pass success consider using the following:
 - Both an induction agent and a neuromuscular blocking agent
 - Usual or slightly higher than usual doses of RSI medications
- Small fluid boluses and vasopressors may be necessary in the peri-intubation period

MEDICATIONS

Etomidate 0.3 mg/kg	Succinylcholine 1.5-2 mg/kg
Ketamine 1-2 mg/kg	Rocuronium 1-1.2 mg/kg
Midazolam 5-10 mg + Fentanyl 100 mcg	Vecuronium 0.1 mg/kg

Be familiar with alternative agents based on drug shortages

Post-RSI Analgesia and Sedation



MEDICATION CONSIDERATIONS

- COVID-19 patients seem to be have higher analgesia and sedation requirements
- Early, aggressive analgesia and sedation immediately post-RSI is often necessary
 - Have a low threshold to initiate vasopressors with increased sedation requirements
 - Proning often warrants more aggressive sedation to tolerate positioning
 - Ventilator dyssynchrony necessitates aggressive sedation titration before initiating neuromuscular blockade
 - Monitor PaO₂/FiO₂ ratio and patient-ventilator tidal volume/respiratory rate disparities and increase sedation as needed
 - If refractory, attempt a single dose of a neuromuscular blocking agent to evaluate effect before starting a continuous infusion
 - Anticipate delirium in the setting of aggressive sedation; consider early screening and intervention
 - Weaning down analgesia and sedation is equally important to prevent high infusion rates for longer than necessary
 - Interdisciplinary decision-making should be used to direct which medication should be weaned first if multiple sedatives are being used

Logistical Concerns

- If clinically feasible, ensure that the entire continuous infusion bag is used before switching medications in the setting of drug shortages to prevent waste
- Concentrating infusions may be necessary in patients with fluid overload, but must be done in collaboration with pharmacy and nursing to avoid medication errors
- Schedule for line changes should be extended to prevent medication waste
 - Some are using every 96-hour line changes and 24 hours for propofol

EXPOSURE CONSIDERATIONS



Recommendations to minimize staff exposure and to bundle care:

- Continuous infusion agents preferred over intermittent injection (even in those that may otherwise tolerate intermittent dosing)
- Bundle dose times for intermittent enteral and IV medications with other nursing interventions
- Deeper than usual sedation goals should be targeted to prevent self-extubation and emergent care needed inside of the room
- Consider keeping smart infusion pumps outside of the room
 - Longer tubing requires higher priming volume; having multiple bags available at medication initiation or after line changes may be necessary to accommodate

MEDICATIONS

Refer to the micro-learning on "Sedation Management in the Face of Drug Shortages" for medication specific information

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