Community Developed Resource

Pre-Brief

- Discuss difficult airway criteria
- Review indication for intubation
- Confirm communication plan (i.e. phone, walkie-talkies)

Personnel

- Document personnel entering room for contact tracking
- Assign roles prior to entering room

PPE

- Don PPE and buddy-check
- Aerosolizing procedure → Airborne Precautions (CAPR or Fitted N95, Eye protection, Gown, Gloves)

Prepare Equipment

- Ensure ventilator is working and circuit pre-assembled
- Test Video and Direct Laryngoscopy equipment
- Prepare primary and back-up ETT's
- Confirm functioning suction
- Assemble quantitative ETCO

Preoxygenate

- Closed system with tightly-fitting BiPAP mask with blue-elbow, in-line HEPA filter, and ETCO2 monitor
- Peep valve to 10 on BVM, FiO2 @ 100%
- Assist ventilation as needed to optimize SPO2 and increase oxygen reserve
- Anxiolytic if needed to facilitate preoxygenation

Premedicate

- Anesthesia response team will bring “Anesthesia Code Blue Kit” with paralytics and vasoactive medications
- Code Pharmacist will retrieve kit from unit accu-dose containing controlled substances for RSI
- Recommend use of Ketamine (1mg/kg) and rocuronumium 1.5 mg/kg
- Pharmacist will prepare medications and pass into negative pressure room

Proceed with Intubation

- Most experienced provider
- Video Laryngoscopy most likely to result in first-attempt success
- Utilize plastic barrier or intubation box (at discretion of intubating provider)
- Consider supra-glottic airway if failed intubation

Post-Intubation

- Inflate balloon, connect circuit with in-line HEPA filter and ETCO2
- Confirm circuit closure and announce to team before beginning ventilation
- Recruitment breaths PRN to improve oxygenation
- Prepare sedation and analgesia for patient comfort