

COVID-19 Intubation Airway calls/surgical pts in progress

- Document and video will be updated as needed.

For documentation-Anesthesia start can be backed up to the correct time once in room and edited for post-op as needed for anesthesia finish.

Non-intubated Floor patients for surgery and all airway call for PUI/COVID-19 patients

Ventilated transport patients-HME filter on vent is in proximal end of circuit. Special precautions need to be made if anesthesia machine has to be used. 1st choice-utilize ICU vent.

- Clamp tube after expiration
- Allow circuit to decompress
- Disconnect and immediately place Filtered circuit on ETT
- Unclamp circuit

Induction site:

Designated Isolation Rooms:

- 7th Floor PACU Spot 25; alternate Spot 24
- 5th Floor PACU Spot 6; alternate Spot 5
- Highlands PACU isolation bay

- Patient should be wearing surgical mask-transported from floor utilizing recommended High Risk PPE-Refer to referenced transport guidelines at end of document

- Bouffant hat
- Isolation gown
- N95 mask
- Double glove
- Face shield

- Supplies needed: Applies to all airway calls

- In room

- Airway tray-respiratory code tray contents

- Disposable Handle-Mil3, MAC 3&4-place in airway bag outside. Low likelihood to need.
- ETT-7-8.5
- 1 in. tape
- 10cc syringe for cuff
- Bougi (tube exchanger)
- Stylette
- EtCO2 detector

<ul style="list-style-type: none"> • Med (yellow) oral airway
<ul style="list-style-type: none"> ▪ Anesthesia medications-Anesthesia Care Team (ACT) and case determined, recommendations: <ul style="list-style-type: none"> • Lidocaine 1% • Induction med-Prop vs. Etomidate vs. Ketamine • Succ vs. RSI dose Roc.-Sugammadex • Epinephrine-10mcg/ml syringe-high risk cardiac collapse • Phenylephrine syringe • Ephedrine syringe • Outside readily available <ul style="list-style-type: none"> ○ Albuterol inhaler ○ Intubation med kit ○ Consider drug tray 1 &2
<ul style="list-style-type: none"> ▪ HME viral filter from anesthesia circuit ▪ X2/X3 and cables from OR ▪ CMAC with #3 #4 blade ▪ Bag-valve mask prepared with HME then EtCO2 indicator ▪ Suction ▪ Several (4 recommended) disposable impervious chucks ▪ Clear plastic drape-4x4 plastic ▪ No stethoscope-Potential risk of self-contamination ▪ EtCO2 gas monitor, need inline adapter ▪ Hover mat to be placed underneath patient prior to induction for patients over 300 lbs. Need to minimize airflow of contaminated pt. ▪ Inline suction catheter from respiratory ▪ Eye Care and Thera tears ▪ Consider ETT tube clamp (padded large clamps) ▪ Biohazard Ziplock bags ▪ Nerve stimulator-verify no twitch after induction
<ul style="list-style-type: none"> ○ Outside room <ul style="list-style-type: none"> ▪ Isolation door signage will include donning/doffing PPE ▪ Isolation cart with appropriate PPE ▪ Additional airway equipment in airway bag <ul style="list-style-type: none"> • AirQ LMA 3.5,4.5,5.5 • Pusher stylet for AirQ • Disposable laryngoscopes from resp. tray • Above mentioned medications
<ul style="list-style-type: none"> • ACT don High Risk PPE appropriately-All donning and doffing should be observed

UAB COVID-19 INTUBATION AIRWAY CALLS/SURGICAL PT. MANAGEMENT

- PACU RN will observe to ensure correct PPE has been donned
- PPE includes donning High Risk PPE for both anesthesia providers as listed below
 - Impervious Gown for airway team (yellow isolation gown or higher)
 - Long cuffed gloves
 - Second set disposable gloves
 - N95 mask
 - Bouffant hat
 - Eye shield
 - Bouffant hat

- Induction/intubation only anesthesia care team in Isolation room, same team that will manage in OR
 - Will verify patient armband, Pre-induction Briefing through door with OR Circulator and Pre-Op RN

Induction in Isolation room.

- Prepare all equipment outside room-take your time-be purposeful
- Don COVID-19 High Risk PPE prior to entering with checkoff by preop RN
 - Impervious Gown for airway team (yellow isolation gown or higher)
 - Long cuffed gloves
 - Second set disposable gloves
 - N95 mask
 - Bouffant hat
 - Eye shield
 - Bouffant hat

- Utilize Respiratory intubation tray, HME antiviral filter, CMAC, any necessary additional equipment
 - Resp. Tray.
 - HME Filter
 - X2/3 monitor
 - Clean CMAC in wrapper-Open both blades, both will require decontam.
 - Ambu bag
 - Suction
 - Any additional meds and equipment
 - Additional clean pair of gloves with intubation supplies
 - Disposable chuck drapes for patient chest/head-recommend 4 or more
 - Clear plastic drape to be place over pt. upper body to provide additional barrier (hands and equip underneath). Recommend 4'x4'
 - Tape for ETT
 - Eye care-tegaderm and thera tears
 - Padded clamps for tube clamping
 - Biohazard ziplock bags
 - Nerve stimulator

- Only 2 anesthesia team members in room during induction

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- 1 primary airway
- 1 primary meds and monitor
- Available staff-Preop RN outside for pass through

Induction/intubation

Pre-oxygenate for 5 minutes

Rapid sequence intubation

After patient induced, hold mask in place for 30-60 seconds

Verify no twitches prior to DL

DL-do not ventilate to decrease transmission if possible

- RSI-video DL with CMAC (CMAC will have a Red bag-kick bucket size with drawstrings on top tray)
- If clamped ETT utilized (consider need of Stylet and Bougi) unclamp once filter in place on ETT

- Place CMAC blade in Biohazard ziplock bag
- Maintain gloves and gown at this point-alcohol gel
- Maintain HME filter in place Bag valve then to tube with EtCO2 in line
- Secure tube/eye care
- Wipe down work area with Sani-wipes
- Discard drapes on patient, attempt roll in clear drape to prevent contamination
- Place CMAC blade in top red lined bin of CMAC
- Airway staff now Doff 1st layer gloves while Med staff Ambu pt.
- Swap-Med provider will remain behind wipe CMAC

- Yellow top bleach sani-cloth
- 4 minute wet time
- Leave to dry

- Cinch equipment in Red bag CMAC tray
- Anesthesia lab will come retrieve CMAC

- Cover in garbage bag
- Wipe down CMAC bag

For all this glove and gel between all steps

HME Filter must remain attached to tube and in place at any time of disconnection

- Circulating RN and PACU RN complete handoff at WOW outside room

- Circulating RN dons PPE

- If any additional supplies needed, designated Pre-Op RN to obtain supplies, hand hygiene, and pass supplies through doorway to anesthesia provider who is wearing clean double gloves, PACU RN to remove glove, hand hygiene
- When tube is secure, anesthesia providers will transition roles to bag patient to facilitate doffing soiled PPE
- Second circulator present outside room to clear hallway prior to patient for transport to OR
- Second circulator will clear hallway of equipment/personnel in preparation for patient transport

- Transport to OR
- Designated ORs:

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- CV 508
- 7th floor 717
- 5th floor 517

○ Pathway from PACU to CVOR

- Turn left out of 5th floor PACU
- Take right at neuro supply hallway; go down hallway and turn left to OR 508

- After intubation and patient leaves PACU, Pre-op Team leader to notify anesthesia lab in order for anesthesia equipment to be cleaned
- Signage placed on PACU door indicating door to remain closed and room not to be used

Transportation to OR

- Anesthesia provider and circulating RN transport patient to OR in PPE

Enter COVID-19 Prepped OR (OR 508, 517, 717, HH OR 11)

- Preparation: trim down OR of non-essential equipment/supplies
- Anesthesia personnel to have readily available items most likely to be used
 - Minimal anesthesia cart utilized-see recommended items addendum
 - Verify gel present for glove changes
- Extra glove boxes in rooms for frequent glove changes
- Outside circulator assigned to OR with brick phone.
- If any additional supplies needed, circulating RN will call outside circulator
 - Outside circulator retrieves item, dons double gloves, passes item through OR door at outside hallway
 - Circulating RN will don a clean pair of top gloves prior to opening door to receive supplies
- Staff remain in OR if possible

Procedure finish

- Notify Second circulator by phone procedure finish
- Second circulator will notify PACU that patient is being transported; will also clear hallway prior to transport
- PPE donning for PACU team
- The surgery should be scheduled at the end of the day if possible.
- The room should remain vacant for 30 minutes after the patient leaves.
- Staff should wear gown and gloves to clean the room with the regular hospital approved disinfectant wipe.
- The room should be terminally cleaned. Cleaning the OR

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- OR will remain vacant for 30 minutes after the patient leaves, with doors closed, to allow for air turnover.
- Initial Cleaning: PCTs should wear non-sterile gown and gloves, and clean the OR with the regular hospital approved disinfectants.
- Terminal Cleaning: PCTs should wear non-sterile gown and gloves, and terminally clean the OR.

- After the OR is terminally cleaned , it does not need to remain vacant for a period of time prior to bringing another patient back to the OR.

- After the room is terminally cleaned, does it need to remain vacant for a period of time prior to bringing another patient back to the OR? **No.**
- For the trash/medical waste that will be removed from the OR after the surgical procedure—should this be disposed of with the same process as any other patient? **All trash is treated per the normal protocol.**
- Additionally, should the instruments be decontaminated in the same process as other patients? **All instruments are treated and cleaned per our normal protocol.**

- Transport to same PACU spot as for intubation

- Circulating RN and anesthesia transport patient

- Circulating RN will verify armband with PACU RN prior to doffing PPE

- Circulating RN doffs PPE in PACU room

- Two ACT to extubate patient

- Need real time CO2 monitoring for extubation, gas line behind filter
- Hook up to monitors with cables and X2/3 utilized
- Drape pt. with disposable chucks and clear plastic drape (same as induction)
- Suction ready-utilize inline closed suction if available
- HME filter in place and inline
- Suction oral pharynx-closed suction if possible
- Optimize techniques for cough free extubation-consider

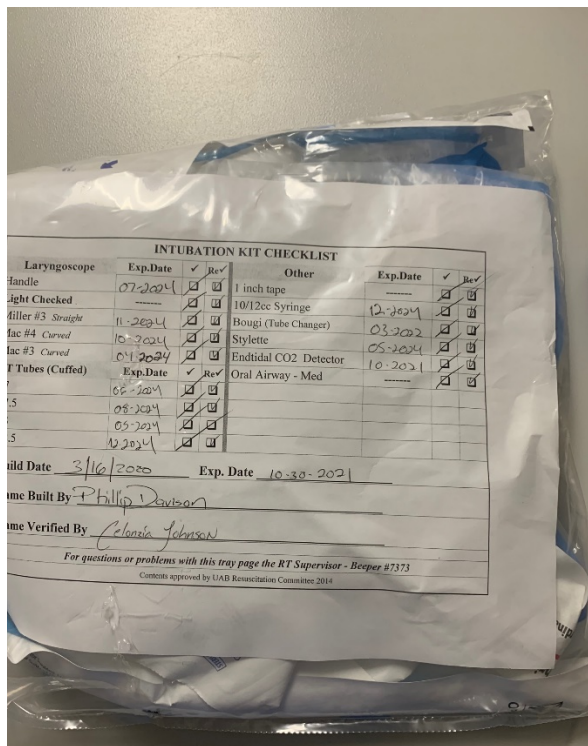
- Lidocaine IV 1%
- Precedex 0.4mcg/kg/min. 30 minutes prior to extubation
- Consider opiates

- Cuff down, remove tube-Leave –No positive pressure at extubation, goal is to minimize cough and aerosolization
- Place ETT in red bag trash
- Discard drapes on patient, attempt roll in clear drape to prevent contamination
- After extubation, face mask placed back on patient by anesthesia over nasal cannula with surgical mask on pt.
- Consider utilizing BVM mask with HME filter over NC. Secure mask with rubber strap (blue tourniquet or similar)
- Gel Gloved hands
- Clean area with Sani-wipe

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- Doff PPE as appropriate witnessed by an observer
- After circulating RN leaves PACU room, gives handoff report to PACU RN

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What personal protective equipment (PPE) should be worn when transporting patients who are confirmed or under investigation for COVID-19?

- Transport and movement of the patient outside of their room should be limited to medically essential purposes.

- *Consider providing portable x-ray equipment in patient cohort areas to reduce the need for patient transport*

- Procedure should be scheduled as the last case of the day if possible
- Notify receiving department of isolation status in advance

For transport

- If patient requires assistance from the bed to the wheelchair or stretcher, transporting staff should **wear all recommended PPE** : gloves, gown, surgical mask, and eye protection (goggles or face shield).
- Patient should wear a surgical mask (if tolerated) and be covered with a clean sheet
- Prior to exiting the room, transporters should remove all PPE except mask and face shield according to Doffing procedure
- Perform hand hygiene.

Additional PPE is not required unless there is an anticipated need to provide medical assistance during transport.

Receiving Department:

- Receiving department prepares room.
- Don ***all recommended PPE***: surgical mask, gown, gloves and face shield/eye protection, while awaiting patient's arrival.

If transporter has to assist patient:

The transporter is still wearing their original respirator or surgical mask, therefore, the transporter should take care to avoid self-contamination when donning the remainder of the recommended PPE.

Inside procedural room:

- Have patient perform hand hygiene if able
- Place a new, clean sheet over patient

Transporter:

- Clean and disinfect all high touch surfaces of the occupied bed, stretcher or wheelchair, such as hand rails, side rails, head board, foot board, and steering mechanism
- Doff PPE according to Doffing Procedure, perform hand hygiene
 - If you are returning the transport vehicle without the patient back to the department:
Perform low level disinfection of all transport vehicle surfaces prior to returning to department

Cleaning of Procedure Room:

- Clean all horizontal and high touch surfaces with approved disinfectant.
- Room should be thoroughly cleaned
- Linen to be completely removed from the room after each patient according to routine procedures
- Medical waste to be completely removed from the room and handled according to routine procedures

Minimalist Anesthesia Cart for In-Room (Only the following items!)

Tape

- 1 roll pink plastic tape
- 1 roll ½ in, 1 roll 1 in, and 1 roll 2 in tape

1 nerve stimulator with 1 set PNS electrodes

1 pkg ECG electrodes

1 disposable pulse ox

5 small Tegederms

5 large Tegederms

3 Chloroprep sticks

3 Benzoin sticks

1 reg bougie and 1 stylette

1 esophageal temp probe; 1 NP temp probe, and 1 skin temp probe

2 suction catheters

1 Yankauer tip suction

1 upper body warmer

Extra ETT circuit filter

Syringes

- 8 of 10 ml syringes
- 5 of 3 ml syringes
- 3 of 1 ml syringes
- 1 20 ml syringe
- 1 ABG syringe

IV supplies

- 2 stopcocks
- 4 red sterile caps
- 2 extension sets
- 2 secondary sets/piggyback
- 2 IV regular sets
- 1 blood set
- 4 IV caths 18 g
- 4 IV caths 20 g
- 2 IV caths 22 g
- 2 IV caths 16 g
- 1 IV cath 14 g
- 2 needleless shield caps (for IV)

Needles

- 4 needles 18 g
- 4 blunt fill needles
- 4 16 g needles
- 1 IM needles

2 nasal trumpets

1 each size oral airways

1 each of 6.5; 7.0; 7.5; 8.0 ETT

1 omniflex connector

1 tooth guard

4 tongue blades

White paper towels *the big ones

Stethoscope

ETT tube tree

2 bags of saline 1000 ml

2 bags of LR 1000 ml

2 bags of Isolyte 1000 ml

2 bags saline 100 ml

2 bags saline 250 ml
4 blue lab slips/ 4 white lab slips/6 biohazard bags
ECG paper extra roll
1 BIS probe
PURPLE WIPES
HAND SANITIZER

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