

COVID-19 Airway Management Images

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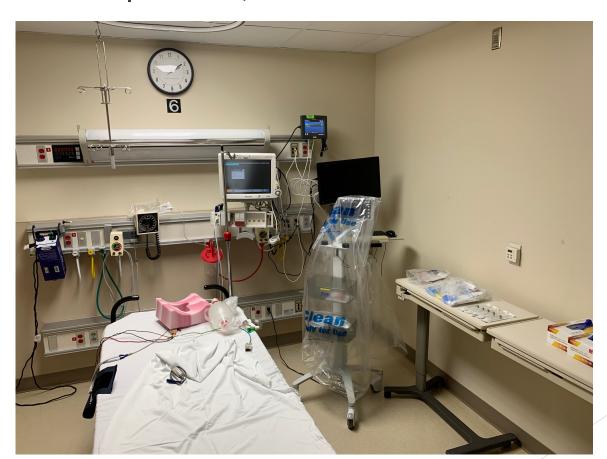
Knowledge that will change your world

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▶ Be prepared as possible, review step-by-step guides and one pager.

► Take your time if possible, have someone double check

you

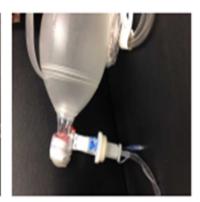


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- Ventilated transport patients-HME filter on vent is in proximal end of circuit. Special precautions need to be made if anesthesia machine has to be used. 1st choice-utilize ICU vent.
 - Clamp tube after expiration
 - Allow circuit to decompress
 - Disconnect and immediately place Filtered circuit on ETT
 - Unclamp circuit









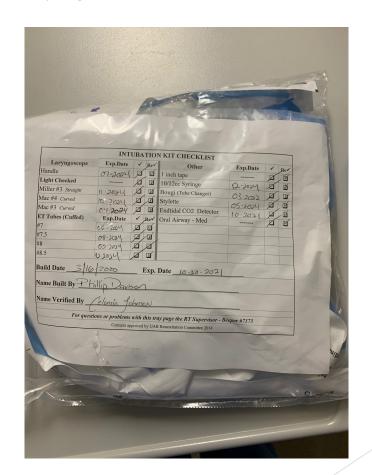




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Airway tray-respiratory code tray contents

- ▶ 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
- ► EtC02 detector
- ► Med (yellow) oral airway



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▶ Bag-valve mask prepared with HME then EtC02 indicator



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Consider clamping ETT during RSI if stylet or Bougi not indicated





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- Several (4 recommended) disposable impervious chucks
- Clear plastic drape-4x4 plastic





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- RSI-video DL with CMAC (CMAC will have a Red bag-kick bucket size with drawstrings on top tray)
 - ▶ Place CMAC blade Biohazard bag immedatley after use
 - ► After ETT secured in top red lined bin of 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





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The foregoing information is meant for educational purposes only and is derived from the limited sources of evolving evidence and experience available at the time of production during the COVID-19 pandemic. This information is not meant to control individual treatment decisions which are based on an individual patient's specific circumstances, nor is it meant to override the clinical judgment of providers within the doctor-patient relationship. This information is relayed as part of UAB's Emergency Operating Plan.