



DAPM Guidelines for Airway Management of COVID-19

General Principles

- PPE for staff present during Aerosol Generating Medical Procedure (AGMP)
- Limit number of people in room
- Use drop-bag for all contaminated airway equipment

Prepare

- Negative pressure or designated room for intubation & extubation
- Confirm 3 Airway Trays & equipment available
- Confirm induction agents & vasopressors available
- State Plan A, B, & C for airway management

Team Roles & Communication

- Speak as LOUDLY as possible
- **Clarify Roles:**
 1. **Intubation:** Most skilled practitioner
 2. **Expert assistant:** must be familiar with equipment & drugs at bedside
 3. **Second assistant:** PPE on but remains 'clean'; pass additional unanticipated equipment & assist
 4. **Runner** (outside the room): provide additional equipment or drugs to the second assistant

IN ROOM ACTIONS

Prepare & Pre-oxygenate

- Double check all connections and equipment and drugs
- Airway exam: do not take off O₂ mask
- Optimize patient positioning
- Adequate hemodynamic resuscitation
- Pre-oxygenate: 5 min O₂ via non-rebreather mask (not circuit)

Induction

- Turn off face mask O₂ flow prior to removing
- Rapid Sequence Induction: Ketamine 1-2mg/kg OR Propofol 1-2mg/kg
- Full paralysis: 1.5mg/kg rocuronium OR succinylcholine 1-2mg/kg
- Expect rapid desaturation. Avoid BMV. If required: 2 hand technique, good seal, with oral airway OR SGA; small tidal volumes; PEEP < 5cm H₂O

Intubation

- Video-assisted laryngoscopy +/- styletted EVAC ETT
- Limit bougie use & oral-pharyngeal suction
- 1. Inflate cuff 2. Attach in-line suction unit 3. Attach HME filter with vertical tape 4. Ventilate
- Confirm placement with ETCO₂; NO auscultation
- If failed attempt, follow difficult airway guidelines
- Place 12Fr KAO feed nasogastric tube for ICU-bound patients

Transfers & Extubation

- Transfer using TIVA
- Negative pressure or designated room for extubation
- Minimize coughing: (e.g. remifentanyl or dexmedetomidine infusion or IV lidocaine)
- Suction using in-line suction
- Clamp ETT OR keep HME on OR use Flusso valve when disconnecting circuit
- Place non-rebreather face mask AND surgical mask immediately post extubation, limit flow rate (≤6 L/min)
- (extubation guidelines coming)

After Extubation

- Doff PPE using checklist and a buddy
- Do not enter room without PPE until 60 minutes after AGMP