The Ottawa Hospital | L'Hôpital d'Ottawa

DAPM Guidelines for Airway Management of COVID-19 Patient

Prepare & Pre-oxygenate

- Double check all connections, equipment & drugs
- Airway exam: do not take off O_2 mask
- Optimize patient positioning
- Adequate hemodynamic resuscitation
- Adequate pre-oxygenation (flow < 6L/min)
- State Plan A, B, & C for airway management

Induction

- Turn off face mask O_2 flow prior to removing
- Rapid Sequence Induction: Ketamine OR Propofol
- Full paralysis: Rocuronium OR Succinylcholine
- 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 $ETCO_2$; 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. remifentanil or dexmedetomidine infusion or IV lidocaine)
- Suction using in-line suction unit
- Clamp ETT OR keep HME on OR use Flusso valve when disconnecting circuit
- Consider additional barriers during extubation (if appropriate) & maintain safe distance for self & assistant
- Place O_2 face mask/NP (flow < 6L/min) AND surgical mask immediately post extubation. If SpO2<92% consider Hi-Ox non-rebreather.

After Extubation

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

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