

## Intubation Protocol for COVID-19 Positive or PUI Patient

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1. Don appropriate PPE (N95 or PAPR) and double-glove prior to induction. A second anesthesia provider is helpful to assist, and control disposal of used equipment. Team members check each other for safety.
2. When possible, all other personnel should leave the room during aerosol-generating procedure (AGP).
3. If patient is anticipated to transfer to ICU, use 7.5 ETT or larger for adults.
4. Pre-oxygenate well with 100% O<sub>2</sub>, patient breathing spontaneously.
5. Maintain tight mask seal throughout; watch end-tidal O<sub>2</sub> to verify pre-oxygenation.
6. Don't tell patient to take "deep breaths" which may cause coughing.
7. Rapid sequence induction, without positive-pressure mask ventilation, if possible. If patient desaturates, use low tidal volume breaths.
8. Wait for complete muscle relaxation before laryngoscopy.
9. If performing direct laryngoscopy to conserve GlideScope, wear full-face shield.
10. If using GlideScope to conserve full-face shields, wear regular eye protection.
11. Dispose of all airway equipment immediately.
12. Remove outside pair of gloves and perform hand hygiene before touching anything. Do not touch your face. Team members not actively performing intubation should be encouraged to watch for any potential lapse in proper use of PPE.
13. Verify proper tube position and turn on ventilator.
14. Note the time when air circulation will turn over at least 7 times (see Air Exchange Turnover Summary) following AGP. If staff need to enter before this time, they should also wear a N95 or PAPR.

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