



**232 S. Woods Mill Road
Chesterfield, MO 63017**

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| Title: | Intubation and Extubation of Patients with Suspected or Confirmed Covid 19 Viral Infections |
| Related Policies: | |
| Department/Division : | Emergency Room; Intensive Care Units |
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| Revised: | |
| Reviewed: | |

POLICY STATEMENT:

As per the CDC recommendations, employees who are caring for patients with known or suspected cases of a novel corona virus (i.e. COVID-19, SARS, MERS) should follow Droplet Precautions during routine care of the patient. However, certain procedures, such as intubation, bronchoscopy, extubation and swab testing can cause the virus to become aerosolized. Staff should follow Airborne precautions during these procedures to minimize risk of infection.

CONTENT:

Intubation:

1. Patients with known or suspected COVID-19 will be moved to a negative pressure room in the intensive care unit or emergency department prior to intubation if available. Droplet precautions will be followed during transport to the negative pressure room. Avoid bag/mask ventilation; apply 100% non-rebreather if necessary.
2. Intubating Physician (Emergency room MD, Intensivist or Anesthesiologist), RN and RT will be identified and designated as the intubation team.
3. The intubation team will don N95 respirator, a surgical mask over the N95, goggles or faceshield, isolation gown and gloves. The intubation team will reuse the N95 mask

(refer to the policy on Re-Use of N95). All other personnel will leave the room.

4. The patient will be intubated utilizing Rapid Sequence Intubation measures– avoid assisting patient with ambu-bag ventilation.
5. Once intubation is complete and tube confirmation has been obtained via end tidal CO₂ the MD and RT may leave the room once patient is connected to the ventilator and appropriate ventilation is maintained.
6. Airborne precautions continue: AVOID disconnecting the circuit; utilize closed suction system when possible.

Extubation:

- 1) When an MD order for extubation is obtained on a COVID positive or suspected positive patient the patient will be moved to a negative pressure room prior to extubation if available.
- 2) RN and RT will be identified as the extubation team; all other team members will leave the room.
- 3) The extubation team will don N95 respirator, a surgical mask over the N95, face shield or goggles, an isolation gown, and gloves.
- 4) After suctioning via closed system the patient will be extubated via the following steps: Place ventilator on standby mode, clamp ETT, attach resuscitator bag with HEPA or HME filter to ETT, Remove clamp, Provide an inspiratory breath and remove ETT. Immediately dispose of ETT in biohazard bin.
- 5) The patient will remain in the negative pressure room for 60 minutes post extubation, when possible; staff will adhere to Airborne Precautions.

Extubation on an Expired Patient:

1. During post mortem care of the COVID positive or suspected COVID positive patient the RN or RT will clamp the ETT – disconnect the ventilator and leave the

tube in place.

References and authorized signatures approving the use of this writing: