

Airway/OR Management in Patient with Confirmed or Suspected Covid-19

General: Providers and organizations should review donning and doffing PPE in Apollo.

<https://ssl.nebraskamed.com/Apollo/> Search: PPE

- ✓ **N95 masks** should be worn. Once placed on the face, do not touch as the outside is considered dirty.
 - The circulator will bring N95 masks to the OR prior on patient arrival, so they will be available.
- ✓ **Gowns:** Isolation gowns or non-sterile surgical gowns are on the linen carts in the core.
- ✓ **Eye protection/Face Shield:** In the sterile core, **MUST** be worn.

Transportation: Allowances for staff to wear respiratory protection via a clean procedure mask or extended use of an existing respirator/eye protection has been made for transporting patients as the COVID-19 virus is an emerging, novel pathogen.

Intubated Patient:

Don all PPE (see above) before entering the patient room.

OR Respiratory Therapist will assist with transportation, including all monitors to the OR.

Transport with the ICU ventilator (if applicable) or Bag Ventilate with Ambu Bag with viral filter between ET Tube and bag.

After procedure – patient transported directly back to ICU, in similar manner as transport down with all monitors, viral filter on Ambu bag, and OR RT. Doff PPE after handoff to ICU Team.

Non Intubated Patient

Patient will be transported down (per transport policy) to Isolation Room 7 in Pre op.

Anesthesia Machine will reside in ISO 7. Outside ISO 7 will be Covid PPE cart, Isolation cart, and Anesthesia Cart.

- Limited anesthesia supplies will be placed in Iso 7 to avoid contamination.
- Additional supplies can be given by RT or additional anesthesia provider if needed

The patient will be induced under general anesthesia in ISO 7 and transported to the OR via Ambu bag ventilation with viral filter.

After the operation – the patient will be transported back to ISO 7 in Pre Op to be extubated or if remaining intubated – transported back to the ICU direct.

Airway Manipulation:

Airway:

- ✓ N95 mask, goggles, gown and two pairs gloves
 - Double glove technique – after intubation, use the dirty set of gloved to re-sheath the laryngoscope.
 - Most experienced anesthesia professional perform the intubation.
 - Video laryngoscope should be used to minimize proximity to patient, as well as increase first pass success of intubation.
 - AVOID: Fiberoptic intubation

Preparation:

- ✓ All ASA monitors applied.
- ✓ Pre-oxygenate for 5 minutes with FiO₂ 1.0.
- ✓ Rapid Sequence Induction – avoid manual ventilation
- ✓ Use video laryngoscopy to maximize first attempt success
- ✓ After intubation – double zip-lock all airway equipment and remove

OR Management:

- ✓ Anesthesia circuit filters are viral filters. Confirm these are on circuit.
- ✓ Remember – Avoid touching your hair and face before washing your hands.
- ✓ Limit use of Omnicell. Use clean gloves when accessing Omnicell

Extubation only in Negative Pressure ISO Room 7 or 8:

- ✓ Utilizing Negative Pressure Isolation Room 7 or 8 for all emergence/extubations
- ✓ Utilize PPE as described above
- ✓ Keep PPE on until after extubation

Non Intubated OR Patient (MAC Case):

- ✓ Would use anesthesia circuit with mask for closed seal on patient
- ✓ Anesthesia circuit would provide viral filter and End Tidal CO₂
- ✓ Would transfer back to ISO room after procedure per Transport Guidelines

OOD:

- ✓ Utilizing ISO 7 for induction/extubation will be used for ALL procedural locations that utilize Anesthesia services:
 - GI / Endoscopy
 - Interventional Radiology
 - Cath Lab

Emergency:

If the patient is to go to any procedural area on an emergency basis (e.g., GSW; trauma; STEMI) or it would not be in the patient's best interest to receive a general anesthetic, the patient should be transported with all possible speed to the site of definitive care using the patient transport policy for a COVID 19 confirmed or suspected patient. Management of the airway would be then at the discretion of the care team using appropriate PPE.

If intubation was performed in the OR for emergency reasons, remain in OR until at least 30 minutes from intubation time for air turnover. After the case, patient will be transported back to negative pressure room, Iso 7 or 8, if they are to be extubated. Transport with all monitors, viral filter on Ambu bag, and OR RT back to negative pressure Iso 7 and 8 room for emergence and extubation. If negative pressure room not available, extubate in OR and recover for 1 hour before opening OR doors and exiting. If unable to extubate, transport to available ICU bed appropriate for COVID patients based on incident severity level.

Notify **Infection Control 402.888.4646** of all procedures for known or suspected COVID-19 cases.