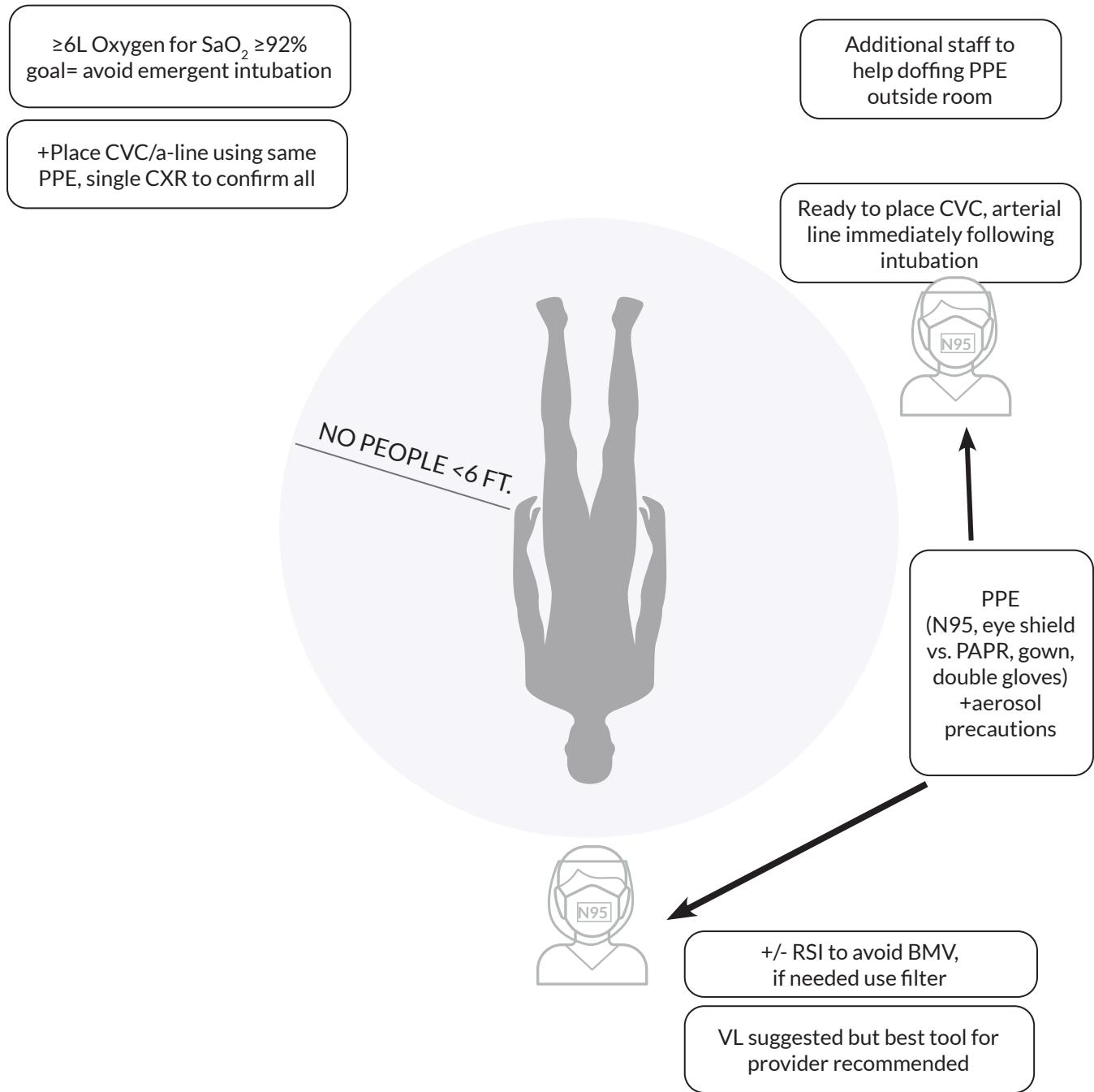


# Intubation in COVID



## Intubation in COVID

Emergent intubation should be avoided in patients with suspected or confirmed COVID-19. Consensus is to proceed with intubation if the patient has a persistent oxygen requirement of ≥6L to maintain a SaO<sub>2</sub> ≥92%.

Personal protective equipment (PPE) appropriate for an aerosolizing procedure should be used by the most experience intubator to secure the airway. An assistant, also wearing appropriate appropriate PPE should be immediately available ideally more than 6 feet away from the patient to decrease risk of exposure.

A rapid sequence intubation should be considered to avoid aerosolization risk. If bag mask ventilation is required, a filter should be applied between the patient's mask and the bag.

Video laryngoscopy is suggested to allow increased distance between the patient and the intubator, but the best tool for be provider is recommended. Bundling of procedures including central venous catheter or hemodialysis catheter and arterial line should be done where appropriate to conserve PPE and minimize additional radiography.

Additional staff should be available to help doffing PPE outside the room.