UConn Health Endotracheal Intubation

PRE-PROCEDURE

1. The decision to intubate a patient must be carefully considered.
    a. Nasal oxygen, High Flow nasal oxygen, CPAP (with oxygen), and Bilevel PAP (with oxygen) may all be utilized dependent on clinical circumstances.
    b. No peak flow monitoring, avoid nebulization of medications, bronchodilator delivery via MDI using spacers.

2. Personnel:
    a. Intubator (most experienced provider)
    b. Respiratory therapist
    c. ICU RN
    d. If a difficult intubation is expected another trained provider should assist.

3. The equipment needed to place and secure the endotracheal tube should be assembled prior to entering the room (including intubation tray, video laryngoscope). Video-guided laryngoscopy is preferred over direct laryngoscopy. The intubation cart will be moved to outside the patients' room and should only be taken into the room if needed. Any reusable equipment should be sequestered for decontamination prior to reuse with guidance from Infection Control.

4. Intubation medicine kit should be brought to the bedside from Pyxis.

5. PPE must be donned! PAPR's will be utilized by anesthesiology, respiratory therapists, and nursing.

Minimum PPE is:

- N95 mask +/- PAPR* (especially facial hair)
- Face shield or goggles
- Gown
- Gloves

* At this time we are recommending PAPR for procedures involving airway management. The intubator, nurse and RT should have PAPR. For others not using a PAPR, full PPE is required along with a distance of at least 6 feet from the patient.

6. A ventilator should be in the room with settings preset prior to intubation.

PROCEDURE

- Assign roles
- Most experienced staff intubates
- Limit people in the room to 4-6
- Calculate predetermined ETT depth
- Pre-oxygenate with 100%
- Ensure hemodynamics are stable. If not, administer fluid/vasopressors to improve hemodynamics.
- Perform rapid sequence intubation
- Perform Video scope
- Inflate cuff PRIOR to any breaths given, check for color change and / or ETCO2. Confirm tube position during laryngoscopy, bilateral chest rise, distance from teeth.
- Attach preset ventilator. Check cuff pressure and prevent over or under inflation.
- LMA may be used in select cases / circumstances. If LMA inserted, minimize pressure to prevent aerosol dispersal.
- AVOID awake intubation as this increases aerosol dispersal.
- DOFF PPE with observer to avoid contamination