PRINCIPLES* OF AIRWAY MANAGEMENT IN

CORONAVIRUS COVID-19
FOR SUSPECTED/REPORTABLE** OR CONFIRMED CASES OF COVID-19

BEFORE

STAFF PROTECTION

Hand Hygiene

Full Personal Protective Equipment***

Minimize Personnel During Aerosol Generating Procedures****

Airborne Infection Isolation Room (if available)

PREPARATION

Early Preparation of Drugs and Equipment

Meticulous Airway Assessment

Connect Viral/Bacterial Filter to Circuits and Manual Ventilator

Use Closed Suctioning System

Use Video Laryngoscopy (Disposable if available)

DURING

TEAM DYNAMICS

Clear Delineation of Roles

Clear Communication of Airway Plan

Closed-loop Communication Throughout

Cross-monitoring by All Team Members for Potential Contamination

TECHNICAL ASPECTS

Airway Management by Most Experienced Practitioner

Lowest Gas Flows Possible to Maintain Oxygenation

Rapid Sequence Induction and Avoid Bag-Mask Ventilation When Possible

Tight Fitting Mask with Two Hand Grip to Minimise Leak

Ensure Paralysis to Avoid Coughing

Positive Pressure Ventilation Only After Cuff Inflated

AFTER

If Disconnection Needed, Wear PPE and Standby Ventilator +/- Clamp Tube

Strict Adherence to Proper Degr Lieutenant Steps

Hand Hygiene

Team Debriefing

Avoid Unnecessary Circuit Disconnection

Notes:


***There are regional and institutional variations on definition of a suspected/reportable case. Please refer to your own institutional practice.

****Personal Protective Equipment according to your own institutional recommendation, may include: Particulate Respirator, Cap, Eye Protection, Long-sleeved Waterproof Gown, Gloves


References:


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