Developed by the Society of Anaesthetists of Zambia
In collaboration with the National Coordinator of Anaesthesia
And Critical Care Services

STANDARD OPERATING PROCEDURE

COVID-19 (CONFIRMED OR SUSPECTED) PATIENT REQUIRING INTUBATION IN REMOTE ENVIRONMENTS

Preparation for intubation

1. Airway management team to meet in ICU or other designated area
2. Collect drug box from ICU or designated area
3. Check mobile intubation trolley and equipment
4. Anaesthetist and assistant to don PPEs prior to leaving for remote site
5. Update Notice Board with the location of the intubation trolley
6. Inform senior most members of staff that you are going to perform an intubation

Intubation procedure

1. Arrive at location
2. Assess the patient and make a transfer plan with the ward staff
3. If possible, arrange transport to ICU for intubation
4. If patient is unstable or there is no space on ICU, proceed to Intubation pathway
5. Check oxygen and suction facilities
6. Ensure a runner/3rd person is on standby
7. Check IV access, patient position
8. Pre-oxygenate with appropriate tight seal
9. Give RSI drugs
10. Turn oxygen flow down before removing mask
11. Intubate and place blade on INCO pad on patient's chest
12. If hypoxic, consider low pressure/low volume mask ventilation (2 handed technique)
13. If laryngoscopy is difficult, insert LMA/iGel device and ventilate – runner call for help
14. If still difficult, apply two-handed technique – release cricoid
15. Once tube is in place, inflate cuff before ventilating
16. Increase oxygen flow back to appropriate level
17. Stabilise on Oxygen, transfer when stable. REMAIN IN FULL PPE

Return trolley and kit back to ICU

Assistant – restock Trolley

Anaesthetist – restock Drugs

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STANDARD OPERATING PROCEDURE

COVID-19 (CONFIRMED OR SUSPECTED) OBSTETRIC PATIENT REQUIRING THEATRE

DESIGNATED COVID-19 CAESAR THEATRE

PREPARATION FOR INTUBATION

1. Does this patient need GA?
2. Assemble in theatre with as many team members as possible – at least anaesthetist, assistant and scrub nurse should be present
3. Discuss airway plan – prepare secondary intubation/difficult airway equipment in clean area
4. Full visual check of primary intubation trolley and equipment
5. Collect drugs for RSI from fridge – including extra drugs/ IV fluids/reversal agent
6. Remember oxytocin and tranexamic acid
7. Send for patient **ONLY** when ready
8. Anaesthetist and assistant to don PPE
9. Scrub team to prepare with PPE
10. Move into theatre only take metal trolley, laryngoscope and drugs into theatre
11. Runner to await team and patient transferred directly into theatre
12. Trolley to remain outside theatre, designated **ONLY** to that patient

INTUBATION PROCEDURE

1. WHO/SAZ COVID-19 Surgical Checklist 1st part with anaesthetist and assistant
2. Apply standard monitoring, ensure HME filter applied to circuit
3. Check IV access, patient position, L lateral tilt
4. Confirm antacid prophylaxis
5. Pre-oxygenate with appropriate tight seal
6. During pre-oxygenation – WHO/SAZ COVID-19 Surgical Checklist
7. Skin prep to abdomen
8. Give RSI drugs
9. Turn oxygen flow down before removing mask
10. Intubate and place blade on INCO pad on patient's chest
11. If hypoxic, consider low pressure/low volume mask ventilation (2 handed technique)
12. If laryngoscopy is difficult, insert LMA/iGel device and ventilate – runner call for help
13. If still difficult, apply two-handed technique – release cricoid
14. Once tube is in place, inflate cuff before ventilating
15. Increase oxygen flow back to appropriate level

EXTUBATION PROCEDURE

1. At the end of surgery – all out
2. Transfer patient onto bed
3. Once extubated, wait 20 minutes until those without PPE can enter or patient can be transferred back to the ward
4. Remove PPE as per D-offing guidance

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STANDARD OPERATING PROCEDURE

COVID-19 (CONFIRMED OR SUSPECTED) NON-OBSTETRIC PATIENT REQUIRING THEATRE

DESCIGNATED COVID-19 THEATRE

PREPARATION FOR INTUBATION

1. Does this patient need GA?
2. Assemble in theatre with as many team members as possible – at least anaesthetist, assistant and scrub nurse should be present
3. Discuss airway plan – prepare secondary intubation/difficult airway equipment in clean area
4. Full visual check of primary intubation trolley and equipment
5. Collect drugs for RSI from fridge – including extra drugs/ IV fluids/reversal agent
6. Send for patient **ONLY** when ready
7. Anaesthetist and assistant to don PPE
8. Scrub team to prepare with PPE
9. Move into theatre – only take metal trolley, laryngoscope and drugs into theatre
10. Runner to await team and patient transferred directly into theatre
11. Trolley to remain outside theatre, designated **ONLY** to that patient

INTUBATION PROCEDURE

1. WHO/SAZ COVID-19 Surgical Checklist 1st part with anaesthetist and assistant
2. Apply standard monitoring, ensure HME filter applied to circuit
3. Check IV access, patient position
4. Pre-oxygenate with appropriate tight seal
5. During pre-oxygenation – WHO/SAZ COVID-19 Surgical Checklist
6. Skin prep to surgical site
7. Give RSI drugs
8. Turn oxygen flow down before removing mask
9. Intubate and place blade on INCO pad on patient's chest
10. If hypoxic, consider low pressure/low volume mask ventilation (2 handed technique)
11. If laryngoscopy is difficult, insert LMA/iGel device and ventilate – runner call for help
12. If still difficult, apply two-handed technique – release cricoid
13. Once tube is in place, inflate cuff before ventilating
14. Increase oxygen flow back to appropriate level

EXTUBATION PROCEDURE

5. At the end of surgery – all out
6. Transfer patient onto bed
7. Once extubated, wait 20 minutes until those without PPE can enter or patient can be transferred back to the ward
8. Remove PPE as per D-offing guidance

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STANDARD OPERATING PROCEDURE

COVID-19 (CONFIRMED OR SUSPECTED) CHILD REQUIRING INTUBATION

PREPARATION FOR INTUBATION

1. Assemble team and assign roles
2. Get Paeds intubation kit from designated area
3. Ensure there is CO_2 monitoring if possible
4. Discuss airway plan – prepare age appropriate intubation/difficult airway equipment on silver trolley in clean area
5. Full visual check of primary intubation trolley and equipment
6. Prepare drugs for RSI – including extra drugs/ iv fluids
7. Anaesthetist and assistant to don PPE while in designated area
8. Move to area where child is, taking only the trolley and drugs to the dirty zone

INTUBATION PROCEDURE

1. Arrive at location
2. Assess the child and make a transfer plan with the ward staff
3. If possible, arrange transport to ICU for intubation
4. If child is unstable or there is no space on ICU, proceed to Intubation pathway
5. RSI paeds checklist with anaesthetist, assistant and paeds consultant/reg or most experienced
6. Apply standard monitoring, ensure HME filter and $ETCO_2$ applied to circuit (T-piece if <20kg; C-Circuit if >20kg)
7. Check IV access, patient position
8. Pre-oxygenate with appropriate tight seal
9. Give RSI drugs
10. Turn oxygen flow down before removing mask
11. Intubate and place blade on INCO pad on child's chest
12. If hypoxic, consider low pressure/low volume mask ventilation (2 handed technique)
13. If laryngoscopy is difficult, insert LMA/iGel device and ventilate – assistant call for help
14. If still difficult, apply two-handed technique – release cricoid
15. Once tube is in place, inflate cuff before ventilating
16. Increase oxygen flow back to appropriate level
17. Proceed with patient retrieval

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STANDARD OPERATING PROCEDURE

COVID-19 (CONFIRMED OR SUSPECTED) PATIENT REQUIRING INTUBATION ON MICU

PREPARATION FOR INTUBATION

1. Assemble team and assign roles
2. Discuss airway plan – prepare appropriate intubation/difficult airway equipment on silver trolley in clean area
3. Ensure there is CO_2 monitoring if possible
4. Full visual check of primary intubation trolley and equipment
5. Prepare drugs for RSI – including extra drugs/ IV fluids
6. Anaesthetist and assistant to don PPE in designated space in ICU
7. Move to patient's room

INTUBATION PROCEDURE

1. RSI checklist with anaesthetist, assistant and runner
2. Apply standard monitoring, ensure HME filter and $ETCO_2$ applied to circuit
3. Check IV access, patient position
4. Pre-oxygenate with appropriate tight seal
5. Give RSI drugs
6. Turn oxygen flow down before removing mask
7. Intubate and place blade on INCO pad on patient's chest
8. If hypoxic, consider low pressure/low volume mask ventilation (2 handed technique)
9. If laryngoscopy is difficult, insert LMA/iGel device and ventilate – assistant call for help
10. If still difficult, apply two-handed technique – release cricoid
11. Once tube is in place, inflate cuff before ventilating
12. Increase oxygen flow back to appropriate level
13. Proceed with mechanical ventilation