

## Standard Operating Procedure for retrieval of COVID patients for ICU

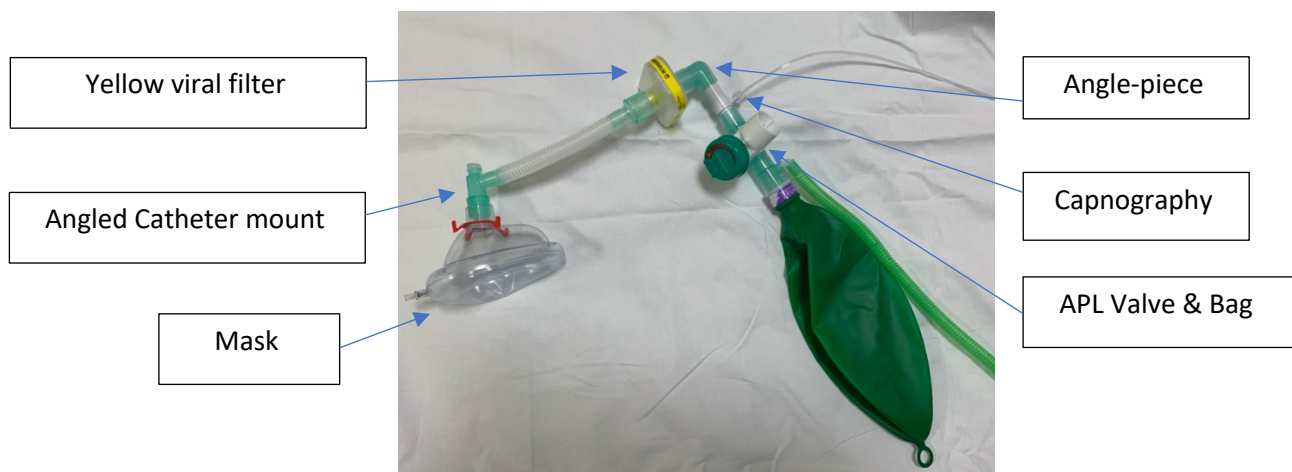
### Before leaving ICU: Prepare

- Equipment:
  - SpO2 Probe
  - Portable capnograph
  - CD Oxygen cylinder
  - Airway Grab bag
- Drugs:
  - Draw up & label
    - 2 x 20ml syringes Ketamine 10mg/ml
    - 1x 10ml syringe Rocuronium 10mg/ml
    - 1 x 20ml syringe Metaraminol 0.5mg/ml
    - 1 x Adrenaline mini-jet (1:10,000 strength)
    - 5 x 10ml Prefilled flush syringes (0.9% NaCl)
- PPE:
  - Don full PPE as per guideline AS A TEAM
  - Write roles/apply stickers on front of gowns (Doctor 1 or 2, Nurse 1 or 2)
- Team Brief:
  - Role allocation
    - Doctor #1: Airway
    - Doctor #2: Drugs and watching monitor
    - Nurse #1: Airway assistant
    - Nurse #2: Runner/super-hero
  - Any questions?

**LEAVE ICU TOGETHER AS A TEAM WITH THE EQUIPMENT AND DRUGS**

## On the ward: Assess & Check

- Doctor #1:
  - Go to patient – inform them of the plan
  - Rapid airway assessment as able
  - Put on 15L oxygen via non-rebreathe mask
  - Remove head of bed
  - Position bed
  - Inform airway assistant size of ETT and LMA required
- Doctor #2 & Airway assistant:
  - Use patients bed table or a spare trolley
  - Build circuit as below



- Open, check and lubricate ETT **and** LMA
  - Open and check laryngoscope
  - Open bougie
  - Unused kit to go back into bag and return to ICU
- Airway briefing (Doctor #1):
    - Direct laryngoscopy, Bougie, ETT
    - Failed intubation -> LMA
    - After tube placed then
      - Inflate Cuff
      - Connect circuit
      - Ventilate and confirm tube position with ETCO2
      - Tie tube
  - Doctors and Nurse #1 move to patient to perform Emergency Induction with monitoring trolley and prepared airway kit
  - Nurse #2 remains at entrance to bay/room

## Emergency induction and intubation

- Position patient
- Connect assembled C-circuit to wall oxygen and swap for non-rebreathe mask
- Connect suction tubing and yankeur to wall suction unit. TURN SUCTION ON
- Doctor #2: "Everybody ready?"

### Drugs:

- Ketamine 2mg/kg (or 1mg/kg if SBP <100mmHg or no radial pulse)
- **DO NOT WAIT FOR IT TO WORK**
- Rocuronium 1mg/kg
- WAIT
- **DO NOT SUPPORT VENTILATION**

### Intubation:

- Mac 4 laryngoscope
- Bougie as standard
- ETT
- LMA if cannot intubate
- FONA is not recommended in CICO scenario for these patients
- DO NOT VENTILATE YET
- Inflate Cuff
- Connect circuit
- Ventilate and confirm tube position with ETCO2
- Secure tube

## Post intubation

- Doctor #1: Announce "Airway secured" when happy
- Doctor #2: Cardiovascular management and sedation
  - Bolus Ketamine to maintain sedation – give half the induction dose every 15mins
- Nurse #1: Remove used equipment for disposal
  - Place prepared LMA on patients pillow with the cuff syringe
  - Ensure bed power is unplugged
- Nurse #2: Oxygen and exit
  - Bring WARD oxygen cylinder
  - Place between patients legs
  - Turn on and select 15L/min flow rate
  - Connect circuit to cylinder when Doctor #1 disconnects from wall

**LEAVE WARD TOGETHER  
DO NOT DELAY TRANSFER TO ICU IF SECURITY OR PORTERS ARE NOT  
IN ATTENDANCE**

## Arrival on ICU

- Arrive at bedside and setup ventilator including circuit with in-line suction
- Turn off Oxygen flow from cylinder on patients bed
- Clamp ETT with 2 clamps
- Disconnect from circuit and connect to ventilator
- Unclamp ETT
- Start ventilation
- Transfer patient to ICU bed
- Team debrief after doffing PPE