CONSIDERATIONS FOR THE VENTED CRASHING COVID-19 PATIENT

Dislodgement / Obstruction
Consider continuous capnography to monitor tube placement after intubation
- Avoid using direct laryngoscopy to verify tube position
- Introducing suction tubing to identify obstruction increases risk of aerosols

Air Trapping
Use caution when disconnecting vent!
- Consider applying a drape over the vent before disconnecting
- Apply HEPA filter to end of disconnected ET tube as soon as possible

Pneumothorax
- Consider using POC ultrasound to look for sliding sign instead of stethoscope (difficult to use with PAPR or N95)
- Be careful with needle decompression - consider attaching syringe and aspirating instead of using needle-only to avoid excess venting/spraying

Early Termination
Consider early in resuscitation the risk to healthcare providers vs. benefit to patient
- Early resuscitation termination reduces exposure risks

Always use filter with bag-mask