

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

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