## PEDIATRIC AIRWAY MANAGEMENT FOR COVID-19/PUI

Pediatric COVID-19/PUI screened in the Pediatric Emergency Department



Place in Negative Pressure Room (if available).

If unavailable utilize portable HEPA filter in room and keep door closed.



Utilize appropriate precautions Monitor for work of breathing. Assess for hypercapnia with blood gas.

BiPAP, CPAP, and HFNC can be utilized as indicated; transport only on NC or NIV with no leak plus filter

If bronchospasm is present, utilize MDIs. No nebulized medications.

When evaluating for Extubation and/or Extubation Readiness:

Prefer extubating to simple (non-humidified) nasal cannula or room air only.

Recurrent hypoxic or hypercarbic respiratory failure?

Prepare to re-intubate but may utilize NIPPV/HFNC if needed.



With evidence of oxygenation or ventilation failure refractory to HFNC or NIPPV,

plan for rapid sequence intubation (minimize BMV as tolerated).

Advanced airway placement/intubation via Rapid Sequence Intubation

Place patient on ventilator with in-line suction with closed filtered circuit.

Multi-disciplinary collaboration for all imminent intubations. The most experienced pediatric airway provider available (Pediatric Anesthesia, Pediatric Critical Care Medicine, Pediatric Emergency Medicine) will intubate.

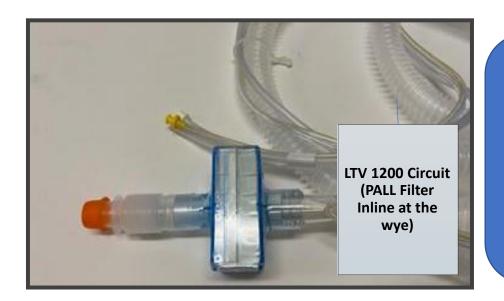
CAPR or N95/face shield to intubate

After intubation, may move to non-negative pressure room.

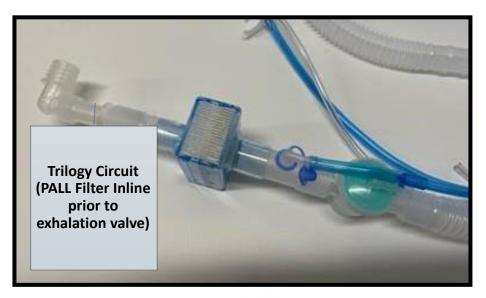
Minimize travel while ventilated to essential travel only.

If essential travel required, utilize LTV 1200 or Trilogy with filter

Use HMEF filter for any TV under 350 cc (NOT Pall Filter)



DO NOT USE PALL
FILTER (INCREASED
DEAD SPACE) FOR
ANY TIDAL VOLUME
<350 CC
(USE HMEF FILTER)



Limited number of pediatric HMEF available More on order Dead space on peds size is 37ml, infant size is 15 ml.



Stored on H2 and in HED trauma room airway cart







Inter-surgical filter application with the Bag