

CORONA-WARS:



OBJECTIVES:

- Emergent and Rapid Intubation in COVID-19 Case... or Not

THE SITUATION:

- 79 y/o female from care home with multiple COVID-19 positive contacts presenting with fever, shortness of breath, productive cough in isolation room.
- Stable on 3L O₂ via NP initially.
- While two HCPs are in the room doing their initial assessment, they note increased work of breathing, desaturation, and high RR.
- She quickly starts to decompensate and go into worse respiratory failure.

DISCUSS (#1):

- Can you take the steps required to help her, while adequately protecting yourself, in less than two minutes?
- At what stage of pandemic response might intubation not be considered?

SITUATION UPDATE:

- First three attempts at intubation fail, you require another HCP for backup

DISCUSS (#2):

- How few people can you have in the room for this procedure?
- Where does airway assistance come from in your institution?

CHALLENGE:

- Split into two teams, each team does this scenario (i.e. only ½ the team is available)

DEBRIEF:

- Did people who were already in the room change from droplet precautions to heavier PPE for intubation?
- What are protocols for PPE in emergent situations (CPR, intubation, etc.) ?
- If doing the optional challenge, how can we handle these situations with limited numbers of providers?