

Special Pathogens Response Center (SPARC) SOP: Intubating a Special Pathogen Patient	
Subject	This procedure will define a process for safely delivering oxygenation and ventilator support to a patient with a known or suspected special pathogen.
Supplies	<ul style="list-style-type: none"> • Laryngoscope for intubation • ETT, sizes 6.0, 7.0, 8.0 • Ventilator tubing • Ventilator • Ambu-bag • Suction tubing • Yankaeur • End-tidal CO2 indicator • Syringe for cuff inflation • Intubation medications • Securement device • Backup devices for unsuccessful intubation <ul style="list-style-type: none"> ○ LMA ○ Ambu-bag ○ Glide scope ○ Disposable Bronchoscope
Procedure	<p>All staff will wear PPE appropriate for the care of a patient with a known or suspected special pathogen.</p> <p>General Guidelines for Intubation</p> <ul style="list-style-type: none"> • Need for intubation is determined on a patient-by-patient basis and the decision should include all members of the direct clinical care team. • >70% Facemask and SaO2 <95% with strong consideration for trend of oxygenation or ventilator requirements • pH <7.25 <p>Intubation Team Members</p> <ul style="list-style-type: none"> • 2 physicians <ul style="list-style-type: none"> ○ One physician will perform the intubation ○ The other physician will serve as backup for intubation, will give rapid sequence medications, and fill balloon of ETT after intubation. • 1 Respiratory Therapist to set up the ventilator, assist with pre-oxygenation with ambu-bag, stylet removal, connection of CO2 indicator, securing of the ETT, and ventilator hookup. • 2 RNs to manage sedation and other supportive care once the patient is intubated. <p>Intubation Protocol</p> <ul style="list-style-type: none"> • Review each staff member's role and sequence of events • Discuss the procedure with the patient

	<ul style="list-style-type: none"> • RT will pre-oxygenate the patient using 100% oxygen via an ambu-bag the patient • MD #1 will test the cuff prior to intubation and assemble necessary equipment • MD #2 will provide rapid sequence intubation medications <ul style="list-style-type: none"> ○ Etomidate <ul style="list-style-type: none"> ▪ Dose: 0.3mg/kg ▪ Time to effect: 15-45 seconds ▪ Duration of effect: 3-12 minutes ○ Succinylcholine <ul style="list-style-type: none"> ▪ Dose: 1.5 mg/kg ▪ Time to effect: 45-60 seconds ▪ Duration of effect: 6-10 minutes ○ Alternatives <ul style="list-style-type: none"> ▪ Rocuronium <ul style="list-style-type: none"> • Dose: 1mg/kg • Time to effect: 45-60 seconds • Duration of effect: 45 minutes • Once the patient is induced, MD #1 will ask everyone to step at least 3 feet away from the patient • RT will remove the ambu-bag and face mask and prepare to:- <ul style="list-style-type: none"> ○ Hand the CO2 indicator connected to the ambu-bag if intubation is successful OR ○ Hand the ambu-bag connected to the face-bask if re-oxygenation is required • MD #1 will attempt intubation <ul style="list-style-type: none"> ○ If cannot safely intubate, return to face mask and pre-oxygenate ○ Once SaO2 is in safe range MD #2 will attempt intubation ○ If unsuccessful pre-oxygenate patient ○ Reevaluate airway with glide scope or place LMA. • Upon successful intubation RT will remove the stylet and connect the CO2 indicator to the ambu-bag and check for color change. • MD #2 will inflate cuff. • RT will secure ETT and connect it to the ventilator at settings appropriate for the patient.
References	<p>Infection Prevention and Control Recommendations for Hospitalized Patients Under Investigation(PUIs) for Ebola Virus Disease (EVD) in U.S. Hospitals: https://www.cdc.gov/vhf/ebola/clinicians/evd/infection-control.html</p>
Related Policies	
Responsible	<p>UNC SPARC Program Manager UNC SPARC Medical Directors</p>