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	• 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
	  ○ LMA
	  ○ Ambu-bag
	  ○ Glide scope
	  ○ Disposable Bronchoscope

Procedure	All staff will wear PPE appropriate for the care of a patient with a known or suspected special pathogen.
	
	General Guidelines for Intubation
	• 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
	
	Intubation Team Members
	• 2 physicians
	  ○ 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.
	
	Intubation Protocol
	• Review each staff member's role and sequence of events
	• Discuss the procedure with the patient

	• 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
	  ○ Etomidate
	  ▪ Dose: 0.3mg/kg
	  ▪ Time to effect: 15-45 seconds
	  ▪ Duration of effect: 3-12 minutes
	  ○ Succinylcholine
	  ▪ Dose: 1.5 mg/kg
	  ▪ Time to effect: 45-60 seconds
	  ▪ Duration of effect: 6-10 minutes
	  ○ Alternatives
	  ▪ Rocuronium
	  • 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:-
	  ○ 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
	  ○ 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	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
Related Policies	
Responsible	UNC SPARC Program Manager UNC SPARC Medical Directors