Protected Airway Management Guideline for Hypoxic Respiratory Failure/Distress

- If patient is agitated, consider low-dose ketamine (0.2 mg/kg) to facilitate oxygenation.
- If alone, features of difficult airway, hemodynamic unstable, call for help!
- Safe bag-valve mask (BVM) = bag-valve mask + viral filter + PEEP valve + 2-hand VE grip + tight seal

### RSI DOSES for 70 kg:
- Rocuronium 100 mg | Ketamine 100 mg (35 mg if unstable)
- Propofol 10 - 50 mcg/kg/min | Fentanyl 50 - 200 mcg/hr
- Norepinephrine 0.02 - 0.35 mcg/kg/min

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**Identify the Hypoxic Patient**

**Confirm Goals of Care**

- **Apply**
  - NP or FM or NRB (if NRB, HiOx/Tavish preferred)

**Increase NRB/HiOx/Tavish Flow**

**Aim for O₂ Sat ≥ 92%**

**Prepare for Intubation**

- Safe BVM* with NO bagging

**Proceed with RSI**

- Video Laryngoscopy +/- Bougie (max two attempts)

**Safe BVM* with Low Tidal Volume Bagging**

**LMA or Safe BVM* with Low Tidal Volume Bagging**

**CALL FOR & WAIT FOR HELP**

**Immediate Intubation**

- Video Laryngoscopy +/- Bougie

**Insert LMA**

**Perform Surgical Airway**

- Bougie-Assisted Cricothyrotomy

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**Protected Procedure: Airborne Room & PPE Mandatory After This Point**

**Post intubation care and ICU consultation**

**Remember:**
- Avoid bagging until the cuff is inflated
- Do not auscultate; use only quantitative ETCO₂ to confirm placement

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**Information for aerosol-generating medical procedures (AGMP) available at:** sunnymnet.ca/coronavirus | Directions for Aerosol-Generating Medical Procedures v.8 Apr 2020