

Plan C

Referring team contact and give patient location to:

- ICU Consultant xt 3030 then
- On Call ODP #5063/1089 then
- ICU xt 5380/8625 state: Monitor/Oxylog/Pump

Move

Move patient to Theatre Trolley for intubation

Airway

COVID19 Intubation Tray

Airway Rescue Trolley outside room
Work through Intubation Checklist

Breathing

C-circuit with HME filter attached to O₂
ETCO₂ attached and switched on
ICU Oxylog with disposable circuit

Circulation

Reliable iv access established

Drugs

COVID19 Drug Tray

Propofol infusion checked
Emergency drugs in room

Safety

Staff full AGP PPE – max 4 in room

Runner identified
Back-up Intubator identified

Coms

Runner outside room AGP-PPE
Room ready in ICU?
Alternative destination?

Ready for Transfer?

Runner Contacts:

- Duty Manager #1000
- Security #1102
- ICU **Room Ready? Destination?**

Escalation to ICU – From Medicine

Consultant Physician → Consultant Intensivist Referral

Indication

- Patient clinically decompensating on optimal oxygen therapy e.g, Failing on CPAP/HFNO₂ or 15l non-rebreathe mask
- High risk young patient requiring escalation to CPAP/HFNO₂
- Multi-organ Failure/Shock
- Collaborative escalation decision.



Consider Plan A, B, C
contact Consultant Intensivist speed dial 3030

Plan A

- Predictably deteriorating patient
- Medical team bring patient up to ICU (droplet PPE)
- **Use theatre trolley for transfer to ICU**
- ICU team ready in AGE PPE to receive patient

Plan B

- Unstable deteriorating patient
- ICU consultant, in full AGP PPE, retrieves the patient from medicine
- **Use theatre trolley for transfer to ICU**
- Potential for CPAP support en route, intubation on arrival ICU

Plan C

- Critical deterioration, intubation required ASAP
- Team in full AGP PPE
- **Use theatre trolley for transfer to ICU**
- Monitor and oxylog (disposable circuit) from ICU
- Standard Airway Rescue Trolley Available MHDU

PTO for Plan C protocol