

Intubation on Med Surg Floors

When a patient is unable to be safely transferred to CCU/PACU for intubation, and the intensivist has decided that intubation needs to occur on one of our Med Surg Floors, we will be following the process below:

Prior and during intubation:

- Intensivist will communicate to the Charge RN that the patient will need to be intubated on the floor
- The Charge RN will call a code blue and inform the primary RN
 - This will mobilize the Code Team (CCU RN, RT, anesthesia etc....) and this will ensure that the correct people will arrive as well as the equipment needed which includes a glidescope and a grab and go bag for anesthesia.
 - If CCU RN is unable to attend they will call the Tele Charge RN to ask them to attend. The Tele RN will need to obtain the glidescope from CCU and bring it with them to the "code"
- The primary RN and Charge RN will proceed to the room with a code cart.
- The primary RN will don the appropriate PPE and will move the defibrillator along with the defibrillator pads and electrodes into the room. The Code cart and grab and go bag will remain outside of the room.
- The primary RN will be responsible for providing a quick report if needed, obtain VS, place orders, ensure there is a patent IV etc...
- The RT and anesthesiologist along with the Code Resident/Intensivist will don the appropriate PPE and enter the room
- The anesthesiologist will don the appropriate PPE and obtain the equipment they require from the grab and go bag
- The Charge RN and CCU RN will remain outside of the room.
- The CCU RN will pass the glidescope to the primary RN once they have arrived to the room
- The Charge RN will serve as a runner and will obtain the red biohazard tray (for the stylette and blade) and place a wet face towel in the tray.
- If the patient needs medications such as epi, amiodarone etc... the CCU RN will enter the room after donning the appropriate PPE

Once the intubation has completed:

- The primary RN will place the glidescope stylette and blade in the red biohazard tray and hand and glidescope to the Charge RN
- If the CCU RN has left to go back to their unit, the primary RN will help transfer the patient to CCU/PACU.
- The Charge RN will cover the glidescope stylette and blade with the wet towel and will move it to the dirty room for pick up by central sterile (until the pandemic subsides and we are certain we have appropriate supplies and will not run out we need to retain and sterilize both the glidescope stylette and blade cover for sterilization and reuse)
- The Charge RN will wipe down the glidescope with an AF3 wipe and return it to CCU along with the red grab and go bag