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# Procedural Sedation in ED during COVID-19 Pandemic

ED BASED PROCEDURAL SEDATION IS CONTRAINDICATED IN ALL PATIENTS WITH ACUTE RESPIRATORY SYMPTOMS or KNOWN/SUSPECT COVID-19

## REQUEST

Consider only if Appropriate? (NV compromise, gross deformity, time critical, OT not available)
Alternate options considered? (regional/haematoma/intraarticular)
Specialty staff available to undertake procedure? **1st attempt = best attempt**

## PPE

- All staff to wear full PPE (FFP2 mask, gown, double gloves and eye protection
- Buddy checked during donning and doffing

## EQUIPMENT

- Standard procedural sedation monitoring including EtCO2
- Oxygen delivery device: tight fitting Hudson mask (max flow 6L/min) on ace
- BVM with COVID airway circuit prepped
- Drugs: consider Ketamine as single agent (reduced risk of apnoea)

## TEAM/ROLES

- **Drugs/Airway**: ED Senior
- **Proceduralist**: Subspecialty Reg/Consultant(or ED Senior)

## ACTIONS

- Ensure tight fitting Hudson mask (max 6L/min) for 5-min of pre oxygenation
- Ensure all procedural equipment prepared & at bedside prior to sedation
- Sedation administered as per ED clinician
- If need for airway rescue therapy IMMEDIATELY halt the procedure

## BRIEF

- AVOID AEROSOL GENERATING PROCEDURES (LIKE BAG-MASK VENTILATION) IF AT ALL POSSIBLE
- Trial basic airway maneuvers as first-line for airway obstruction
- RESCUE THERAPY (apnoea, hypoxia) requires a 2-hand (vice-grip) BVM-PEEP
- O2 Flow Meter **OFF** for mask exchanges, avoid IPPV if possible
- Larson's maneuver may overcome larygospasm without aerosolisation (jaw thrust w/ bilateral pressure on the body of mandible anterior to the mastoid process)
- "Is everybody ready to proceed?"