One of the most critical issues regarding 2019 nCoV patients is the transitory phase between initial symptoms and potentially severe evolution requiring ventilatory support. These decisions have the potential of impacting outcome and may lead to consequences on saturation of critical care beds. Non-invasive support methods (CPAP/BiPAP/NIV/HFNO) might correct hypoxemia and counterbalance respiratory failure (though univocal data are missing) and may either delay or avoid enteral tracheal intubation (with potential complications and effects on outcome). Nevertheless, data from the SARS epidemic provide evidence showing that these ventilatory techniques might favor the risk of airborne viral spreading. Given the nature of nCoV in terms of contagiousness, the patient requires, or be expected to necessitate invasive ventilator support, an elective enteral tracheal intubation should be preferred or even anticipated, rather than waiting for an emergency procedure (in the precipitating patient) as to minimize complications of intubation itself and also to reduce both the risks of procedural errors and the contamination of healthcare providers.

Adoption of early warning scores (EWS), shared and predefined strategies, multidisciplinary team training and simulation of possible scenarios are highly recommended, taking also into account the available levels of care and feasibility of critical care levels of assistance in a non-CU environment. The decisional elements for airway management, oxygenation and invasive ventilator support thus include competencies and organisation and available human and environmental resources.

Vigilance in prevention, strict adhesion of donning/doffing of PPE, preparedness for the care of infected patients remain priority and of utmost importance.

TUBE POSITION CONTROL - PROTECTIVE VENTILATION

- CAPNOCRIFIC CURVES repeated and with standard morphology (if in doubt take it out)
- AVOID unusal circuit disconnections (if needed: ventilator on stand-by/ clamp endotracheal tube)
- CONSIDER indications for advanced techniques: ECMO - experts advise

PPE DOFFING

- During and after PPE doffing, hands hygiene mandatory
- Donning/doffing observer externally checking, individual doffing
- Waste disposal

TRANSORT

- Follow bio-containment regulations

S - Secure airway: anticipated intubation
T - Team briefing
O - Organize (competencies - team - pathways)
P - Prepare (devices)
C - Checklist - controls- crisis management
O - Optimize (hemodynamics - oxygenation)
V - Vigilated donning/doffing
I - Invasive airways - evaluation and integrated airway management
D - Defibring

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