Essential and Emergent Cases with resulted Novel Coronavirus test (Symptomatic) or COVID-19 Asymptomatic test (Presurgical)*

- COVID + Active COVID Infection: Positive COVID test
  - Follow “COVID Positive /Presumed Positive Anesthesia Workflow”**
  - Follow Standard Procedure and Standard PPE

- Infection Screen Questionnaire: Unable to Obtain
  - Infection Screening Questionnaire: Positive (Symptomatic) (Potential COVID Risk)
    - Pending/Not Done (Class A cannot delay)
    - POC Rapid COVID Test
  - Infection Screening Questionnaire: Negative

Emergent OR Cases without Novel Coronavirus test (Symptomatic) or COVID-19 Asymptomatic test -Presurgical (Class A/B) and some asymptomatic Class C where clinical need to proceed with surgery before lab results are available ***

- COVID + Active COVID Infection: Positive COVID test
  - Follow “COVID Positive /Presumed Positive Anesthesia Workflow”**
  - Infection Screening Questionnaire: Unable to Obtain
    - Infection Screening Questionnaire: Positive (Symptomatic) (Potential COVID Risk)
      - Pending/Not Done (Class A cannot delay)
      - POC Rapid COVID Test
    - Infection Screening Questionnaire: Negative

Follow “Asymptomatic with No COVID Testing or Results Anesthesia Workflow” (Workflow and PACU disposition should be adjusted according to POC Rapid COVID Test Results if obtained intraoperatively- Positive / Negative)****

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*Per HICS Guidelines: Any patient coming in for a procedure (to Operating Room or any other procedure area), needs to be COVID tested and results available prior to proceeding.

**Presumed Positives Include:
- Rule out COVID 19, Persons Under Investigation (PUI)- COVID-19 tests sent due to risk/signs/symptoms, results pending
- Potential COVID Risk-Patients Symptomatic- Signs/symptoms on Infection Screening Questionnaire, COVID testing done
- Unable to Perform Infection Screening-No COVID testing-Unable to obtain History/symptoms and No COVID Testing

***Rapid POC COVID test should be uses only for Asymptomatic Class A/B, before results of Asymptomatic Screening test are available.

**** Rapid POC COVID test can be performed by anesthesia providers in the OR if not done prior to start
Asymptomatic with No COVID Testing or Results Anesthesia Workflow

- Infection Screening Questionnaire Complete AND COVID testing not sent
- COVID test sent and results pending

EQUIPMENT/STAFFING

1. Full PPE (incl N95/CAPR): Follow Airborne/Droplet/Contact • Standard Staffing
2. NO dedicated anesthesia tech • NO COVID-19 Anesthesia Cart • Standard Pharmacy Workflow

Postop Plan ICU

1. Discuss plan with SNICU Triage (1461) or PICU Fellow (3433) at least 30 min before arrival
2. Extubate in OR.

Postop Plan Non-ICU (Regional and/or MAC)

- Adult: Transport to PACU w/ surgical mask on patient to complete recovery in PACU Isolation room (droplet/contact/eye precautions) or general PACU if able to distance from other patients.
- If PACU isolation room or general PACU (with adequate distancing) unavailable, recover in the OR for 60 mins then consult w/ PACU charge to ensure patient meets PACU discharge criteria before transporting patient to floor (if inpatient or being admitted) or SSRF (if going home).

Postop Plan Non-ICU (GA)

- Airway: O₂ supplementation as needed
- Leave surgical mask on patient in OR
- Limit personnel entry to OR for 20 min after intubation
- Note: if aerosol generating procedure was performed within 20 minutes of end of case, remain in OR for 20 minutes after AGP*, then follow of the appropriate regional anesth pathway above

Ensure at least 20 min elapsed after any aerosol generating procedure (inc vigorous coughing) to allow for adequate aerosol clearance before leaving OR

Anesthesia Team Transport: Doff all PPE in OR except N95/eye protection. Perform hand hygiene, don new pair of gloves outside and transport

Anesthesia Transport to ICU with surgical mask on patient

Anesthesia Transport to Floor, PACU Isolation, or SSRF w/ surgical mask on patient

Anesthesia Transport to ICU w/ Ambu Bag + HMEF

Do not call for ICU vent

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