Department of Anesthesia
Anesthesia OR Management for Active COVID-19 and Unknown COVID Status

Which patients are included?
- Active COVID Infection: Positive COVID test (excludes Recently Recovered status)
- Rule-out COVID-19, Person Under Investigation (PUI): COVID test sent due to risk/signs/symptoms, results pending
- Potential COVID Risk: Patient Symptomatic: Signs/symptoms or exposure concerning for COVID are present, COVID testing not done (see FAQ, question #3)
- Unable to obtain Infection Screening + no COVID test: Unable to assess history/symptoms and no test results available

OR Door Signage
- High Risk Patient COVID-19
- Preferred ORs
  - MOR 15 if possible
    - MOR 10 & 27 (Cardiac) • MOR 26 (Laminar flow/Trauma) • SFCH 1 & 7: Cardiac
  - Do not use MOR 15
    - MOR 10 & 27 (Cardiac) • MOR 26 (Laminar flow/Trauma) • SFCH 1 & 7: Cardiac

Transport to OR
- • Transport to OR per standard protocols (patients will go direct to DOGA, OR, or OR desk)
- • Patient wears surgical mask during transport per hospital policy for all patients
- • Anesthesia team dons full PPE before receiving patient
- • Surgical mask remains on patient until intubation in OR then discarded
- • Transport to OR per standard protocols (asymptomatic Class B/C patients may go through DOGA)
- • Patient wears surgical mask during transport per hospital policy for all patients
- • Anesthesia team dons full PPE when assuming care or before entering OR
- • Surgical mask remains on patient until intubation in OR. Save patient mask in bag for postop

Anes Workroom
- • COVID-19 Anesthesia cart with essential supplies
- • Dedicated anesthesia workroom tech/designee
- • Regular anesthesia cart
- • No routine use of ICU ventilator in OR or transport

ICU Ventilator or HMEF Filter Use
- RT pagers
- • Filter Use
  - ICU Ventilator or HMEF
- • Capr is only worn if N95 deemed not appropriate by employee health

PPE
- (Don all PPE prior to receiving patient)
  - Adult Non-ICU patients
    - General anesthetic:
      - Isolation gown: doff before transport
      - Face shield or disposable eye protection: leave on for transport
      - Glove(s): doff before transport
      - Surgical mask remains on patient until intubation in OR. Save patient mask in bag for postop
      - Regional anesthetic:
        - Unilateral Peripheral Nerve block: if no aerosol generating procedure was performed within 20 minutes of case, transport patient directly to floor (if inpatient or being admitted) or OR (if going home) when level of consciousness is appropriate
        - Neuraxial Block (Spinal, Epidural, or CSE for surgical anesthesia) or Bilateral Peripheral Nerve Block: if no aerosol generating procedure was performed within 20 minutes of case, transport patient with surgical mask on to 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) is unavailable, recover in the OR for 60 mins then consult with PACU charge to ensure patient meets PACU discharge criteria before transporting patient to floor (if inpatient or being admitted) or SSRF (if going home)
      - MAC: Transport to surgical mask on patient (if inpatient or being admitted) or SSRF (if going home)
- Pediatric Non-ICU patients
  - PACU – Inpatient floor: Remain in OR for 20 min → Anesth transport to floor if fully recovered or SFCH PACU if not fully recovered
  - PACU – Second Stage (Discharge): Remain in OR for 20 min → Anesth transport to 2nd Stage if fully recovered or SFCH PACU if not fully recovered
- Pharmacy
  - Use COVID-19 medication kit from Acudose when pharmacy is closed
  - Double-waste then discard controlled medications, and return yellow form flat in large plastic bag to Pharmacy

Nursing Staffing
- Minimize team members/handoff to reduce cross contamination
- Standard staffing

N95 Decontamination
- Place in bin for decontamination after case
- Continue to use N95 until shift end or care of COVID positive/presumed positive patient

Postop Destination
- ICU: Designated ICU location (SPU/SNICU/SNICU: discuss with SNUC triage pager 1461. Notify SNUC triage pager 30 min prior to arrival.)
- Postop mech ventilation needed: Transport with ICU ventilator if available (Ambu + HMEF filter if ICU vent not available)
- Postop mech ventilation not needed: Patient is going returns to a negative pressure ICU room, extubate in ICU. Otherwise extubate in OR and recover for 20 min after any AGP (no vigorous coughing) with surgical mask over face before transport to ICU
- Adult Non-ICU patients
  - General anesthetic:
    - Regional anesthetic:
      - Unilateral Peripheral Nerve block: if no aerosol generating procedure was performed within 20 minutes of case, transport patient directly to floor (if inpatient or being admitted) or OR (if going home) when level of consciousness is appropriate
      - Neuraxial Block (Spinal, Epidural, or CSE for surgical anesthesia) or Bilateral Peripheral Nerve Block: if no aerosol generating procedure was performed within 20 minutes of case, transport patient with surgical mask on to 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) is unavailable, recover in the OR for 60 mins then consult with PACU charge to ensure patient meets PACU discharge criteria before transporting patient to floor (if inpatient or being admitted) or SSRF (if going home)
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Per Environmental Services Protocol for Airborne precautions (wait 20 min after patient leaves before cleaning)