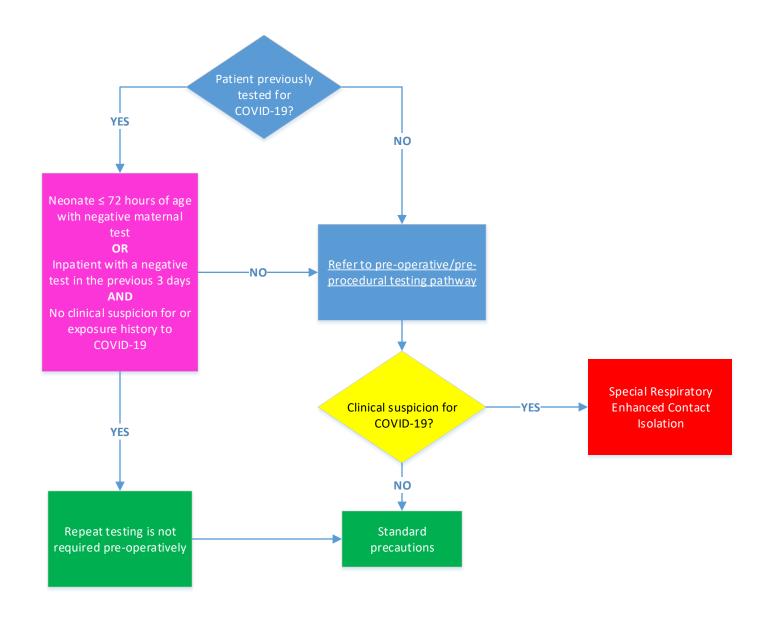
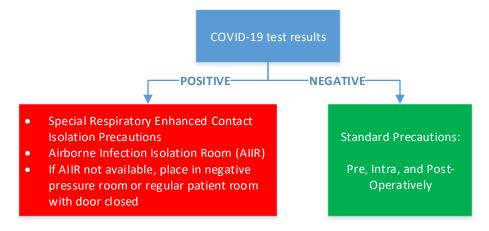
ACH COVID-19 Perioperative Clinical Pathway







ACH COVID-19 Workflow Perioperative Areas



SYMPTOMS Acute onset of any of the following symptoms: -Shortness of breath or difficulty breathing **PPE Precautions for:** -Fever and/or chills -Fatigue -Cough Person under investigation -Sore throat (test pending) -New loss of taste or smell -Congestion or runny nose -Nausea, vomiting, or diarrhea Unable to obtain history -Muscle or body aches (not explained by exercise or activity) Tested positive for COVID-19 OR **EXPOSURE** Close contact with person with laboratory-confirmed COVID-19 or person under investigation for COVID-19 YES-NO **Standard but Increased Precautions** Intubate/extubate patient in Room 14 Place viral filter on expiratory limb of the circuit and Bacterial filter on expiratory limb of circuit (no viral sampling line filter filter) Anesthesiologist, CRNA/Resident double glove for Limit personnel involved in care: Anesthesia team, RN intubation/extubation, surgical mask or PPE FOR TRANSPORT, REFER TO CARDIAC PROTOCOL Intubate/extubate in OR and wait 15 minutes before Transport to OR per protocol rest of team enters room For the procedure, all staff in OR will wear PPE Patient to go to PACU Aerosolizing Procedure*? **YES** NO All staff in the OR must wear an N-95 or PAPR device for duration of the procedure Standard Precautions + eye protection

*Operative Procedures at high risk of aerosolization

- GI
- ENT
- Dental/Oral Maxillofacial

Not an exhaustive list if felt that an N-95 is needed please use the appropriate protection

Personal Protective Equipment (PPE)

- Standard isolation mask for routine care
- N-95 mask (FIT test required) or PAPR (MAXAIR PAPR) for aerosol-generating procedures
- N-95 mask for collecting specimen to rule out COVID
- Eye protection
- Gown
- Gloves

Aerosol Generating Procedures (AGPs):

- Open suctioning of airways (oral, anterior nasal, nasal pharyngeal, endotracheal, tracheostomy)
- Sputum induction
- Cardiopulmonary resuscitation
- Endotracheal intubation/extubation
- Non-invasive ventilation (e.g. BiPAP, CPAP)
- Ventilator circuits with open exhalation (i.e. Trilogy, Vivo-65 or LTV ventilators)
- 3100 A/B Oscillator
- Bronchoscopy and Endoscopy
- Manual ventilation (bag/face mask, bag/endotracheal tube, bag/tracheostomy)
- High flow O2 delivery via OptiFlow

ACH COVID-19 Workflow Post-Op HOSPITALS · RESEARCH · FOUNDATION Is the patient: COVID-19 positive **OR OR** YES-NO-Special Respiratory Enhanced Contact Isolation Standard/Transmission Based Precautions (COVID pending/completed (negative) for pre-procedural testing) Follow isolation guidelines PPE: N-95, face shield, gown, gloves Follow normal guidelines for standard precautions Recover patient in OR room 14. If room 14 not PPE: procedural mask in accordance with AC masking process available, recover patient in one of the PACU Recover patient in main PACU bay isolation rooms. Ensure doors remain closed Admission to the Discharge to home NO-Refer to preadmission testing pathway Follow inpatient algorithm on bed placement If ICU admit will be transported to ICU intubated **Addendum to Clinical Guidelines for Bed Placement** Place patient on Special Respiratory Enhanced Contact Isolation precautions

Place patient in an Airborne Infection Isolation Room (AIIR); if AIIR not available, place in negative pressure room or regular patient room with door closed

R/O COVID-19 (formerly PUI)

Place patient on Special Respiratory Enhanced **Contact Isolation precautions**

Place patient in a regular private room with door closed