

Emergency* Surgery

Workflow

COVID-19

Effective Start Date: January 2021

*** Emergency** = Surgeon and Anesthesiologist determine surgery needs to be performed as soon as possible, life-threatening condition ex: ruptured ectopic pregnancy, aortic dissection, trauma now

- Can't wait for a rapid COVID test
- Can't wait 15 minutes after intubation to start case, so team in full barrier

Once patient is stabilized COVID PCR test is required as per hospital guidelines to test all hospitalized patients

If patient tested positive for COVID-19 within the last 90 days, please do not re-test, unless clinical symptoms of re-infection are present.

**Emergent operating room case*
COVID Status Unknown**

Transfer patient to operating room
OB patients can stay on OB unit
Patient in standard procedural mask

Intraoperative management:
Full team in **FULL BARRIER** PPE for duration of case from intubation to finish

- N95 or PAPR
- Eye protection (face shield or goggles)
- Gown and gloves

- Smoke should be suctioned using smokeless cautery system
- Use smoke evacuating machine (Neptune)
- Do not use wall suction
- Laparoscopic cases require smoke or gas evacuation through PlumeAway filter, no venting to allow smoke or gas release into the room

- Runners should not enter the operating room
- If runners must enter room, use N95 or PAPR with eye protection (face shield or goggles) gown and gloves

- At end of case, undrape patient and move from operating room table to bed

Does patient's clinical condition require ongoing intubation?

NO

YES

- Minimize surgical staff and surgeons in the operating room (Stay only for clinical care needs of patient)

MDA/CRNA proceed with extubation in **FULL BARRIER** PPE

- N95 or PAPR
- Eye protection (face shield or goggles)
- Gown and gloves

- Wait 15 minutes before anyone enters/leaves operating room (for 99% air turnover)
- If MDA leaves room after extubation, at NMHH MDA leaves through ante room (if available). If not available at NMHH or at MGH, leaves through single scrub sink door.

Transfer patient to PACU

- OB patients may recover in post-partum room if medically stable per MDA
- Patient in standard procedural mask

Transfer patient to ICU

Follow **FULL BARRIER PRECAUTIONS**

Team members in:

- N95 or PAPR
- Eye protection (face shield or goggles)
- Gloves

- Follow standard infection prevention guidelines for room clean and turnover

For transport, call ahead to reserve elevator