

Essential Surgical and Procedural COVID-19 Workflow

August, 2022—Version 19



Essential = non-emergent, non-urgent.

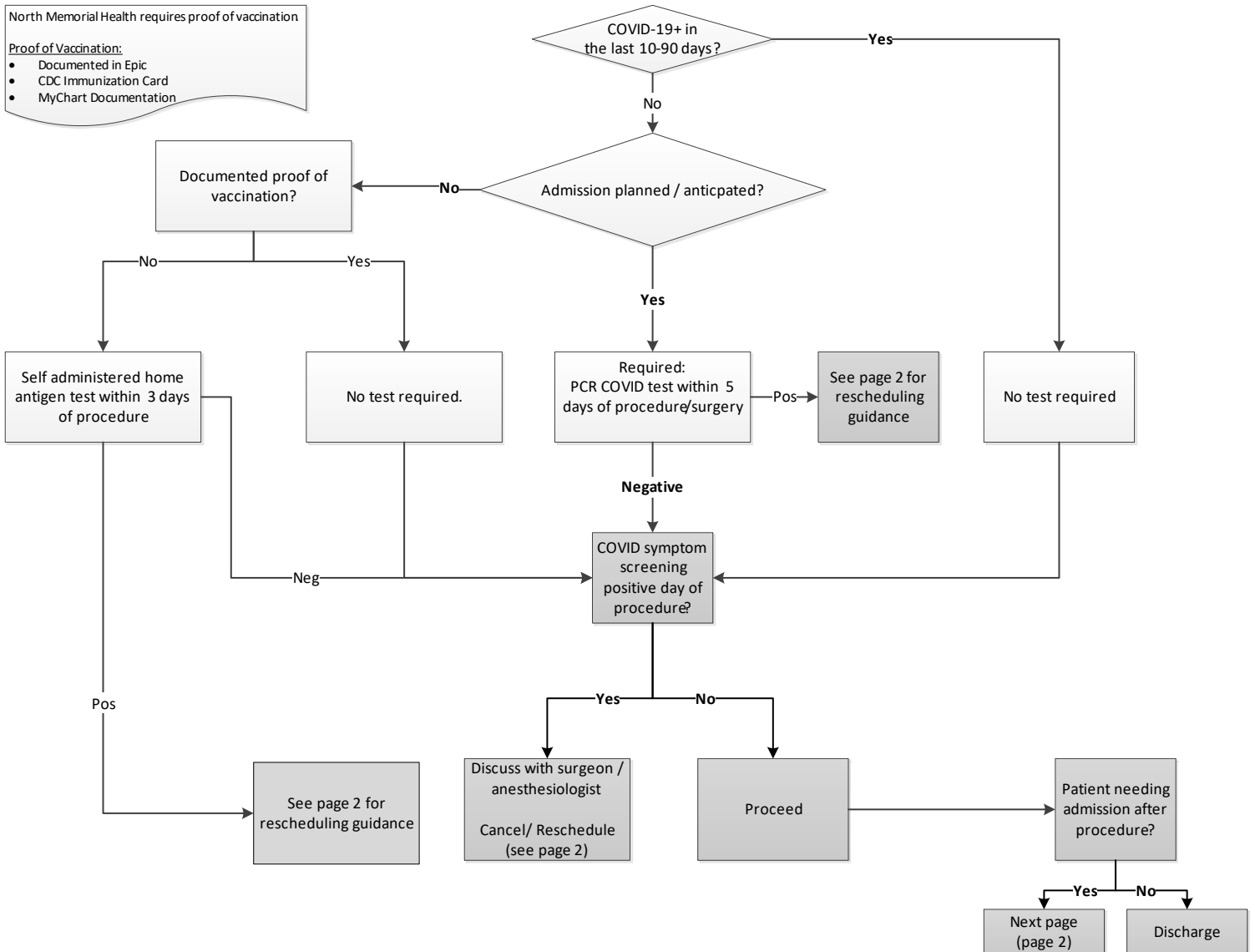
Applicable Locations:

- Maple Grove Hospital
- North Memorial Health Hospital
- Maple Grove ASC
- Pathway not applicable to Labor and Delivery / OB

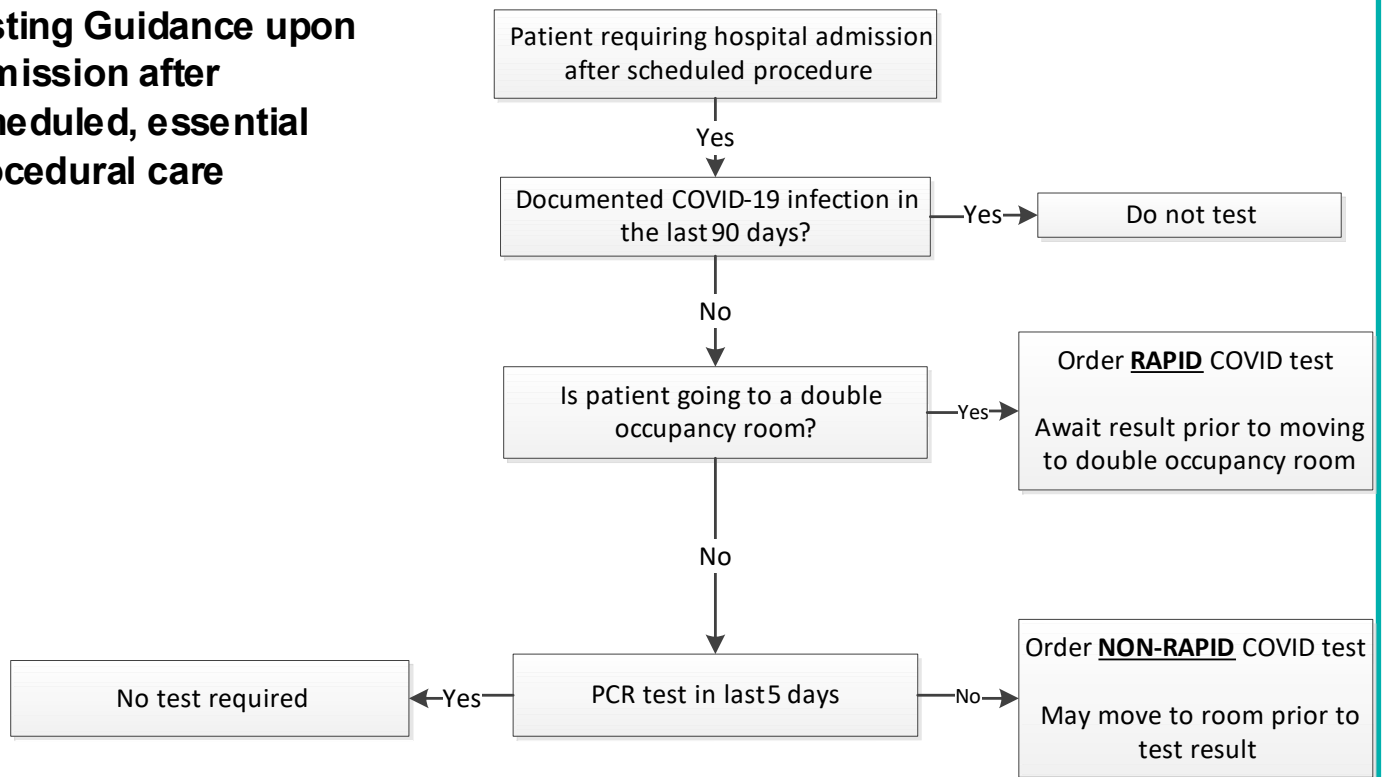
Inside

- Page 1— Determining need for pre-procedural testing for COVID
- Page 2— Admission testing and rescheduling after a positive test
- Page 3—Supporting definitions: immunocompromising conditions and AGPs
- Page 4—Updates, explained
- Page 5—Workgroup members

Determining need for COVID testing before essential procedure or surgery



Testing Guidance upon admission after scheduled, essential procedural care



Rescheduling after positive pre-procedure COVID test

Rescheduling after a positive COVID test serves to mitigate transmission and post-operative complications attributable to COVID.

In general, patients are not infectious after 10 days from the start of their infection (or date of positive test).

If receiving general anesthesia, unvaccinated patients are at a higher risk of post-op complications (primarily cardio-pulmonary and VTE) until at least 4 weeks after asymptomatic infections and 7 weeks after symptomatic infections. These risks are not evident if not receiving general anesthesia.

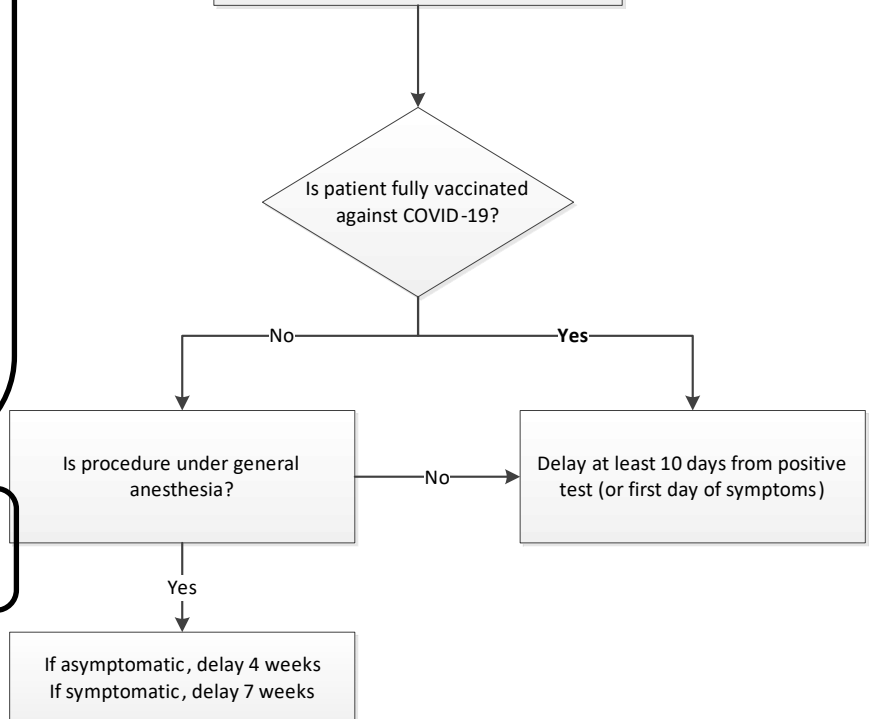
Vaccinated patients do not appear to have a higher incidence of post-op complications after a COVID infection.

Deviating from these delay guidelines should include explicit review of risks / benefits, and agreement to proceed, with the patient.

For 'choice' anesthesia, surgeon should be consulted to clarify appropriate timing of delay

Pre-procedure COVID-19 test POSITIVE

- ✓ Delay procedure as below to mitigate post-procedural complications from COVID-19
- ✓ If delaying presents more risk for adverse outcome, proceduralist and anesthesiologist should exercise best judgment



Supporting definitions

Aerosol Generating Procedures

Endotracheal Tube (ETT) intubation, extubation or exchange

CPAP and BiPAP—non-invasive positive pressure ventilation (NIPPV)

Bag mask valve (BVM) ventilation (ambu bag ventilation)

Cardiopulmonary resuscitation (CPR) with chest compressions

Bronchoscopy

Open suctioning of airways

Sputum induction

Nebulizer treatment (use CPAP or BiPAP masks if possible)

Upper endoscopy (including PEG tub placement)

Transesophageal echocardiography (TEE)

High flow oxygen by nasal route or face mask > 6L/min

Not aerosol generating

Nasogastric tube placement (NGT)

Oropharyngeal and nasopharyngeal suctioning (neosuckers/littlesuckers/yankeuar)

Intra-nasal medication administration

Chest Physiotherapy (PT)

Colonoscopy

Laparoscopy

Obstetrics—2nd stage of labor (pushing and delivery)

Obstetrics—cesarean section with regional anesthesia



PROCEDURAL CARE COVID-19 WORKGROUP FOR THE PROCEDURAL CARE CLINICAL PRACTICE COUNCIL

This team represents expertise in Procedural Care. If you would like further information, please contact the work group lead, Jeffrey Vespa, MD— Jeffrey.Vespa@NorthMemorial.com

MEMBERS:

- Jeff Vespa, MD—Medical Director, System Quality
- Elif Cingj, MD—Anesthesiology
- Patrick Testerman, MD—Anesthesiology
- Leslie Baken, MD—Infectious Disease
- Stephanie Swanson, MPH, CIC— Infection Prevention
- Heather Nelson, RN—Surgical Services, NMHH
- Heather McNeill, RN, BSN—Surgical Services, MGH
- Sonali Parmar, MPH, Clinical Integration Analyst— Quality

This sub-workgroup reports to the larger procedural care workgroup which comprises approximately 30 members.

If you would like further information about Clinical Programs and Integration, please contact the Medical Director of Quality, Jeffrey Vespa, MD— Jeffrey.Vespa@NorthMemorial.com or Anna Rees, Manager—Anna.Rees@NorthMemorial.com

Ann Surg. 2022 Jul 15. doi:10.1097/SLA.0000000000005597. Online ahead of print. Covid-19 Vaccination and the Timing of Surgery Following Covid-19 Infection. Sidney T Le 1 2, Patricia Kipnis 1, Bradley Cohn 3, Vincent X Liu 1 3

<https://www.asahq.org/about-asa/newsroom/news-releases/2022/02/asa-and-apsf-joint-statement-on-elective-surgery-procedures-and-anesthesia-for-patients-after-covid-19-infection>



Revision History

This document is active and further recommendations are forthcoming. It will be updated as additions develop.

| Revision | Description of Changes | Approvals | Date |
|----------|---|---|------------|
| 11.0 | Removed additional comments section regarding long-term care facility | Procedural Care COVID-19 Workgroup, Clinical Leadership Council | 5/28/2021 |
| 12.0 | Revised COVID testing guidance in accordance with the De-escalation of COVID testing practices per MDH guidance | Procedural Care COVID-19 workgroup, Clinical Leadership Council | 7/9/2021 |
| 12.1 | Revised page 1 algorithm for additional clarity and removed summary of indication box | Procedural Care COVID-19 workgroup | 7/15/2021 |
| 13.0 | Removed hospital admission factor on page 1 | Procedural Care COVID-19 workgroup | 10/14/2021 |
| 14.0 | Added testing guidance for patients needing admission. Updated pre-procedural testing from 7 to 5 days. Added direction to discuss patient with surgeon and anesthesiologist prior to cancelling case when patient presents with COVID symptoms. | | 10/15/2021 |
| 14.1 | Added back immunocompromised question | Procedural Care COVID-19 workgroup | 10/20/2021 |
| 15.0 | Pre-procedural testing within 5 days prior to procedure now acceptable for hospital admissions as well | Procedural Care COVID-19 Workgroup | 10/31/2021 |
| 15.2 | Removed “mitigate infection risk” arm of algorithm for delaying in COVID(+) patient. Removed question #2 of FAQ (link outdated) | Jeff Vespa, MD | 12/15/2021 |
| 16.0 | Removed Immunocompromised question from page 1 and definition table regarding immunocompromised conditions on page 3 | Jeff Vespa, MD | 1/25/2022 |
| 17.0 | Added in a clarifier for if a patient was positive for COVID-19 in the last 90 days and needing to test | Jeff Vespa, MD | 2/16/2022 |
| 17.1 | Added clarification on who requires testing prior to admission | Infection Prevention Task Force | 2/24/2022 |
| 18 | Accepting patient reported home antigen test or PCR test result. Change to testing upon admission (cephheid for dbl occ room). References added. Update to time to delay surgery after COVID 19 positive test. Revised group members. Removed FAQs. | CLC | 8/16/2022 |
| 19 | Updated Verbiage to refer to ‘rapid’ PCR instead of ‘Cepheid’ | Jeff Vespa, MD | 8/30/2022 |