



Region 2 South and Region 2 North Trauma Network, MDDHS Invasive access procedures in COVID-19 positive patients April 17, 2020

Minimum 14 days on the ventilator, Recommend 18 to 21 days

Negative repeat COVID test within 3 days of procedure

Access team is recommended to minimize staff exposure – MINIMIZE Procedure time/exposure

- Essential operative team
 - 2-member operative/surgical providers, experienced surgeons recommended
 - Airway management (RT/MDA/CRNA) and RN for meds/monitoring
- Consider IGG and IGM testing prior
- Consider Plaquenil prophylaxis for entire team – if involved in clinical trial
- Minimize OR staff exposure by planning, grouping and utilizing essential team
- Proper planning to minimize procedural time and exposure
- Consider grouping procedures on 1 day to minimize PPE utilization and exposure

PROCEDURE:

PPE - PAPR for all in room

Location

- Negative pressure room if available
- Bedside preferred, if capable at your facility
- If coordinating for Permcath, OR suggested for fluoroscopy, less PPE

Sequence

- Bedside trial of holding ventilation (CPAP) for several minutes to assess pulmonary reserve for paralysis without ventilation for procedure
- Paralyze patient prior to procedure and for duration of procedure
- Goal is to minimize procedural time and exposure
- Consider PEG first – if airway stable and patient has adequate pulmonary reserve, may need to stage as separate procedure if question of airway stability/pulmonary reserve
 - Tracheostomy - Percutaneous vs. Open
 - Determined by team comfort based on skill, experience, appropriateness, anatomy, ability to expedite and minimize exposure
 - Respirations held (VENT on standby) while airway being manipulated
 - Consider HEPA Filter for room

If Positive on repeat COVID-19 test

- Consider delaying and repeating test if collective thought is patient will respond
- If not anticipated to respond/clear weigh individual risk/benefit of case

Regarding dialysis, confer with Nephrology

- Short term need –
 - Continue with temporary access, New site/line prior to transfer to LTAC
- Long term need –
 - Place permcath prior to transfer.
 - Coordinate, if possible, for single procedure in OR, ideally negative pressure