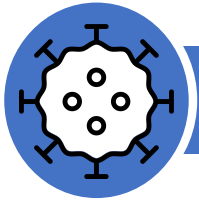


RECOMMENDATIONS FOR SURGICAL PROCEDURES ON POTENTIAL COVID-19 PATIENTS



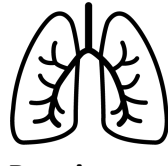
VIRAL EXPOSURE RISK



Blood



GI Tract

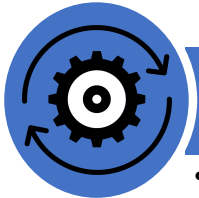


Respiratory Tract



Examples of Potentially Aerosolizing Procedures

- Intubation / Extubation
- Bag masking a patient
- Bronchoscopy
- Laparoscopic Surgery
- Electrocautery



PREPARATION

- Careful coordination between Surgery, Anesthesia, Nursing, Ward/ICU Teams
- For ICU patients, consider using ICU vent; discuss with anesthesia/ICU teams pre-op
- Minimize overnight cases
- Talk with OR charge nurse to locate special pathogen equipment including N95s & PAPRs that are appropriate for OR use



IN THE OPERATING ROOM

- Only essential personnel
- Runner outside of room for needed equipment
- Leave Pagers / IDs outside w covering residents



PERSONAL PROTECTIVE EQUIPMENT

Because Surgery is a potentially aerosolizing procedure, both “Special Pathogen Precautions” (Red) and “Droplet Precautions” (Yellow/Orange) require the use of:

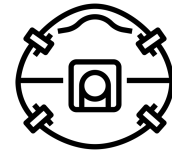
N95

OR

PAPR*

*Only use a PAPR that has been approved for OR use by OR charge nurse

- Don / Doff **OUTSIDE** of operating room



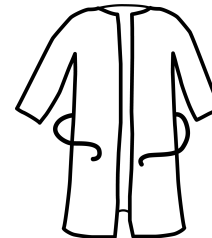
N95
or
PAPR



Full Coverage
Eye Protection
(or visor)

Though not a part of official Covid-19 PPE, surgeons may consider the use of shoe covers as with any operation

- Don / Doff **INSIDE** of operating room



Surgical Gown
(Don't tie Back knot,
just the front knot)



Double
Glove

- Other keys for Donning and Doffing

- Review donning/doffing videos online before the case
- Don/Doff as a team with observation of each other
- Doffing carries highest risk of self-contamination
- Questions: page 30434 (weekday) or 7136 (off hours)

Michigan Critical Care Collaborative Network

Material Attribution

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Notes/Summary