Anesthesiologist’s perspective on perioperative management of suspected/confirmed COVID-19

**Background**
- Cases are expected to go up
- Summary from global colleagues, available literature, and common sense
- Unprecedented – this is not usual
- Affects all ages – highest risk in elderly

**Operating Room and Anesthesia Machine**
- OR with negative pressure environment with a separate access
- Same OR & Anesthesia machine for +ve
- HME filter close to Y Piece and one additional HME on expiratory limb
- Staff training for donning and doffing PPE

**Drugs & Equipment Preparation**
- Drug cart and fully stocked airway trolley in a room next to OR
- Staff for additional drugs or equipment
- Anticipate needs
- Conserve supplies
- Work with hospital for local policies
- Conserve supplies
- Hospital leadership, regulatory agencies and infection control coordination

**Induction and emergence**
- PPE for all personnel within 2 m of patient
- PPE can cause communication and visual limitations – have things clear before PPE
- Minimize number of people in the OR
- Regional anesthesia where indicated
- Prophylactic antieptic
- NSAID’s can be used
- All efforts to prevent coughing – paralyze
- Double gloves – wrap laryngoscope with outer glove and change inner glove as soon as feasible
- Hand hygiene and hand hygiene
- Recover patient in the OR

**Ventilation strategy**
- Preoxygenate with 100% oxygen and RSI
- Intubate rather than LMA
- Avoid FOB and avoid coughing
- Video-laryngoscopy if indicated
- Intubate rather than LMA
- If CPR is required, minimize chest compressions during securing airway

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**Videolaryngoscopy**
- Awake
- Select Anesthesia Literature

**Anticipate needs**
- Runner for additional drugs or equipment
- Left in the room outside OR for immediate retrieval & same in reverse order for specimens leaving OR
- Runner wears full PPE when entering the room

**Exit from OR**
- Discard used gloves and gown in the room outside OR
- Hand hygiene
- PAPR doffing with hand hygiene after each step
- Decontaminate all surfaces, screens, keyboard, cables, monitors, and anesthesia machine
- Unused items should be discarded
- Staff caring for patients shower
- COVID-19 confirmed, OR decontamination

**VIDEO**
https://www.youtube.com/watch?v=OF6dMhRvD8M
https://www.youtube.com/watch?v=544pGypAKUa

**Additional drugs and equipment**

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**DO’S**

**AVOID**

**Take away**
- Educate patients and families
- No post exposure prophylaxis
- Treatment and vaccines under investigation
- Reduce panic and maintain necessary precautions
- Work with hospital for local policies
- Conserve supplies
- Hospital leadership, regulatory agencies and infection control coordination
- Be creative and be prepared for unexpected

**COVID-19 not tested and not symptomatic**
- Noninfectious/Asymptomatic carrier (assume latter)
- Surgical masks while seeing patients
- Accept it – Short of supplies and need for conserving
- Universal precautions and hope for the best

**What should I do?**
- Select Anesthesia Literature

**WHO**
- https://www.who.int/covid-19-resource-center/
- https://www.who.int/coronavirus/about/index.html

**Resources**

**References**
- Raj Subramanyam MD
- Philadelphia, USA
- @docrjees