CONSIDERATIONS FOR OBSTETRIC ANESTHESIA CARE RELATED TO COVID-19

3/26/2020

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Screen every pregnant patient admitted to your L&D unit

- Fit-testing for respirators
- Donning/doffing training

Encourage frequent drills:
- Donning/doffing PPE
- Patient transfers
- Intubation

Establish back-up coverage for your unit

Fever
Cough or shortness of breath
Diarrhea
Close contact with (+) case

Use phone/video for pre-anesthesia encounter:
Assessment, counseling and consent

Minimize interactions with patient

Keep log of all staff in contact with patient

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DURING LABOR & DELIVERY
(for suspected or confirmed COVID-19+)

- Admit patient to negative pressure room, if available
- Support person per institutional guidelines
- Pre-anesthesia assessment via phone/video
- Video-assisted electronic multidisciplinary discussions
- Surgical mask for patient at ALL TIMES

PPE for direct patient care
- Gloves
- Mask
- Gown
- Face-shield

PPE cart outside room
- Paired donning/doffing

Encourage early neuraxial labor analgesia

Minimize crash cesareans
- Response time will be delayed

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Nitrous Oxide?
Discuss the relative risks & benefits and consider suspending use
*There is insufficient data about cleaning, filtering and potential aerosolization of nitrous oxide in labor analgesia systems*

Assemble a separate COVID-19 neuraxial procedure kit/cart

COVID-19 in itself
NOT a contraindication for neuraxial analgesia/anesthesia

IV PCA Opioids?
Risk of respiratory depression and emergent airway instrumentation

Rescue medications bag/kit to remain inside labor room

Experienced provider

PPE
DROPLET/CONTACT PRECAUTION
Gloves, gown, face-shield, mask (per institutional guidance)
Activate back-up coverage for L&D

Assemble kits/bags for neuraxial anesthesia and general anesthesia/intubation

Identify a runner, to be stationed outside OR, who will provide help/supplies

Minimize number of staff per case

Anesthesia providers and assistants should implement droplet/contact and ideally airborne precautions (N95 or PAPR)

Use donning/doffing checklists under direct observation

DOUBLE GLOVE for all procedures

Consider avoiding Carboprost (Hemabate) if concerns with bronchospasm

DURING CESAREAN DELIVERY
(for suspected or confirmed COVID-19+)

3/26/2020
DURING INDUCTION & MAINTENANCE OF GENERAL ANESTHESIA
(for suspected or confirmed COVID-19+)

Minimize personnel in OR for induction – only essential staff

- Ensure HEPA filter between patient and anesthesia circuit
- Pre-oxygenation: 100% $O_2$
- Rapid sequence induction (RSI)
  - Avoid positive pressure bag-mask ventilation except if assisting spontaneous respiratory efforts
- Use video-laryngoscopy if available
- Extubation in the OR to nasal cannula or $O_2$ mask with low flow or Consider transferring to ICU or a negative pressure room for extubation
- Maintain surgical mask on patient

PPE for personnel within 6 feet during intubation/extubation
Airborne Protection
Gloves, gown, N95 with face shield or PAPR (per institutional guidance)

If needed: 2 operators, - one to hold mask with tight seal - one to manually ventilate (maintain $P < 20$ cmH$_2$O, small tidal volume)