CONSIDERATIONS FOR OBSTETRIC ANESTHESIA CARE RELATED TO COVID-19

3/26/2020
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

3/26/2020
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

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

3/26/2020
Experienced provider

Assemble a separate COVID-19 neuraxial procedure kit/cart

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

Rescue medications bag/kit to remain inside labor room

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

PPE
DROPLET/CONTACT PRECAUTION
Gloves, gown, face-shield, mask (per institutional guidance)
DURING CESAREAN DELIVERY
(for suspected or confirmed COVID-19+)

- 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

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% O₂

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 O₂ 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 cmH₂O, small tidal volume)

3/26/2020