

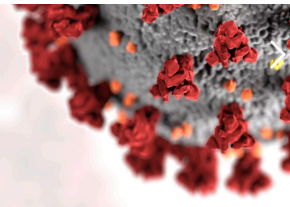
CONSIDERATIONS FOR OBSTETRIC ANESTHESIA CARE RELATED TO COVID-19

3/26/2020



@em_dinges
@cmdelgadou
@ruthi_landau

BEFORE ADMISSION FOR DELIVERY



Screen every pregnant patient admitted to your L&D unit



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



Fit-testing for respirators
Donning/doffing training



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



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



Minimize interactions with patient

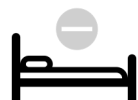
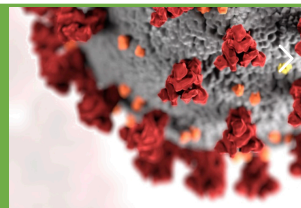


Establish back-up coverage for your unit



Keep log of all staff in contact with patient

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

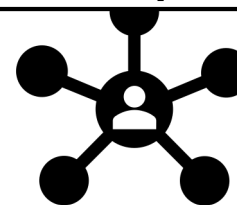
PPE for direct patient care

Gloves

Mask

Gown

Face-shield



**PPE cart outside room
Paired donning/doffing**

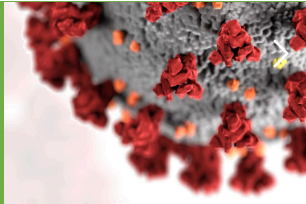


Encourage early neuraxial labor analgesia



**Minimize crash cesareans
Response time will be delayed**

DURING NEURAXIAL PLACEMENT (for suspected or confirmed COVID-19+)



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

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

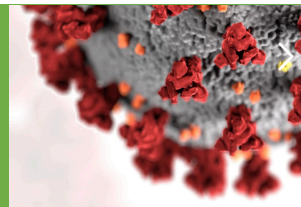
**Assemble a separate COVID-19
neuraxial procedure kit/cart**

**Rescue medications bag/kit to
remain inside labor room**

Experienced provider

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



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



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



Use donning/doffing checklists under direct observation



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



DOUBLE GLOVE for all procedures

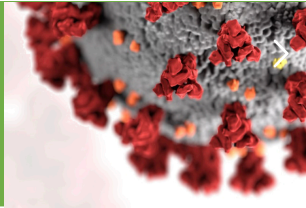


Minimize number of staff per case

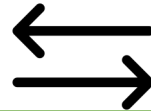


Consider avoiding Carboprost (Hemabate) if concerns with bronchospasm

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



**Minimize personnel in OR for
induction – only essential staff**



**PPE for personnel within 6 feet
During intubation/extubation
AIRBORNE PROTECTION
Gloves, gown, N95 with face shield
or PAPR
(per institutional guidance)**

**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



**If needed: 2 operators,
- one to hold mask with
tight seal
- one to manually ventilate
(maintain P < 20 cmH₂O,
small tidal volume)**