PRONE POSITIONING IN A SUSPECT OR POSITIVE COVID-19 PATIENT

1. All these patients should be done in a Negative Pressure Room if available.
2. If a negative pressure room is not available, a positive pressure room with 20 or more air exchanges per hour is acceptable.
3. The Anesthesiologist and circulating nurse or airway assistant will need **Enhanced Droplet/Contact precautions with N95 mask.**
4. Induction of Anesthesia should follow the COVID19 Intubation Checklist.
5. Ensure that the in line suction and HEPA N100 filter are connected to the endotracheal tube and that these are all secured appropriately. (The N100 HEPA filters may increase airway resistance with prolonged cases).
6. **Thirty (30) minutes after the intubation**, the rest of the operating room staff can enter wearing **Enhanced Droplet/Contact precautions using surgical masks.**
7. The following steps need to be completed before turning the patient prone:
    a. Ensure patient is provided 100% Oxygen for 5 mins prior to turn
    b. Ensure neuromuscular paralysis is adequate with neuromuscular twitch monitoring.
    c. Clamp the endotracheal tube with a non-traumatic clamp
    d. Disconnect the circuit between the HEPA filter and Y tubing of the anesthesia circuit. The CO_2 sample line will also need to be disconnected
8. Turn the patient prone
9. Re-attach the circuit to the HEPA filter.
10. Unclamp the endotracheal tube.
11. Carry on with normal anesthesia practice for the duration of the operation
12. Prior to turning the patient from prone to Supine, abolish the patient's respiratory drive, ideally avoiding further neuromuscular blockage. (Hyperventilation, Opioid and/or propofol bolus)
13. Increase the FiO2 to 100% for 5 minutes

14. Clamp endotracheal tube (note risk of negative pressure pulmonary edema in a patient attempting respiratory effort)

15. Disconnect patient from the circuit and CO_2 line after the HEPA Filter.

16. Turn Supine and reattach the anesthesia circuit and CO_2 line

17. Unclamp Endotracheal Tube

18. If performing a leak test prior to extubation, all staff not wearing **Enhanced Droplet/Contact precautions with N95 mask** will need to leave the room.

19. Assess patient and communicate plan for extubation,

    Options:

    a. Stable patient (eg. Less than 2 hours of surgical time, no airway edema)

        i. Plan and execute the extubation in operating room to minimize aerosol and droplet spread

    b. Unstable patient (eg. significant intraoperative fluid therapy, blood loss, Airway Edema, significant hemodynamic or ventilator support required)

        i. Consult ICU and transfer intubated to ICU

20. If patient condition allows immediate extubation, the presence of at least one assistant to the anesthesiologist is required. **Enhanced Droplet/Contact precautions with N95 mask** are required for all personnel needed in the operating room at time of extubation.

21. After extubation, recover the patient in the operating room for thirty (30) minutes before disposition to PACU.