

## Extubation Guideline for SUSPECT OR POSITIVE COVID-19 PATIENTS

### GUIDELINES FOR SUSPECT OR POSITIVE COVID-19 PATIENTS POSITIVE HAVING **GENERAL ANESTHESIA**

#### STABLE PATIENT

1. Limit staff in OR to anesthesiologists and ACA/nurse/Surgeon using **enhanced droplet precaution with N95 mask with face shield.**
2. Use a Negative Pressure Room if possible. Otherwise ensure that there are at least 15 air exchanges per hour.
3. Anesthetic wakeup plan should minimize coughing on extubation.
4. 100% FiO<sub>2</sub> for 3-5 min prior to extubation.
5. Suction oropharynx while still anesthetized. Also have Closed, In-Line Suction catheter in situ. If ETT disconnect is required to add this catheter apparatus, clamp endotracheal tube with non-traumatic clamp.
6. Insert oropharyngeal airway or bite block.
7. Place nasal prongs O<sub>2</sub>. Flow rate should be less than 6L/min.
8. Reverse patient with appropriate reversal agents with the patient in 30 degree head up position. Ensure timely antiemetics.
9. Consider deep extubation if indicated and operator is experienced with this.
10. Patients **MUST** be extubated in the OR
11. Once stable → surgical face mask with nasal prong oxygen underneath or via non-rebreathing oxygen mask with overlying surgical face mask.
12. Do not use an oxy mask or high flow nasal oxygen.
13. Patient should be recovered in the same OR by the anesthesiologist /ACA/nurse for the initial 30 to 60 min with enhanced PPE – N95 mask dependent on the air exchange in the OR
14. After 30 minutes, the patient can be transferred to PACU after doffing your used PPE and donning new PPE (gown, gloves and regular surgical mask/face shield). A N95 mask is not required for transfer to PACU. Please ensure that patient has a clean cover sheet and that the bed handles and side rails have been wiped with facility approved disinfectant wipes.
15. Tracheostomy patients will require enhanced PPE with N95 masks for transfer to PACU.
16. Chart to be taken by a separate person.

#### UNSTABLE PATIENT

1. Maintain appropriate **enhanced PPE including N95 mask with face shield.**
2. Use a Negative Pressure Room if possible. Otherwise ensure that there are at least 15 air exchanges per hour in the room.
3. Inform:
  - a. ICU to prepare appropriate room/donning of enhanced PPE.
  - b. OR personnel to clear hallways of personnel and equipment.
4. Full transport monitoring.
5. Ensure patient is sedated and has adequate neuromuscular blockade before transfer.
6. Suction oropharynx prior to transfer.
7. Clean ICU bed can now be brought into the OR by the Healthcare Personnel using appropriate PPE for droplet protection if case is more than 30 to 60 minutes.
8. Patient should be transferred to ICU bed while still connected to the HEPA filter and anesthesia circuit. Please note: the HEPA filter is attached to the endotracheal tube.
9. Cover the patient with a clean cover sheet and the staff should wipe the side rails and bed handles with facility approved disinfectant wipes.
10. Only essential staff should now remain in the OR with enhanced droplet precautions (ACA/ Anesthesiologist/nurse/surgeon).
11. Confirm the cuff pressure to ensure no leaks.
12. Clamp ETT proximal to the HEPA filter using a non-traumatic clamp before disconnecting from the anesthesia circuit and then reconnect the ETT and HEPA filter to the Ambu Bag. Ensure a full oxygen tank.
13. Transfer patient in the 30 degree head up position depending on hemodynamics.
14. All staff must appropriately doff their gown and gloves keeping their face shields and N95 masks on and then donning new gowns and gloves prior to transfer (done in turn).
15. Chart to be taken by separate person.