

ANESTHESIA CONSIDERATIONS FOR ALL GENERAL ANESTHESIA CASES DURING COVID-19 PANDEMIC

Induction:

- Preoxygenate using mask, tight seal with straps
 - Turn 100% FiO₂ on once seal is made, at low flows (<5L), APL <5
- Optimize intubation conditions
- Ensure that all staff not directly involved in intubation or immediate patient safety be at least 6 feet away
- If stylet is not used, place the filter on the y piece onto the end of the ETT
- RSI
 - Preferably Succinylcholine
- Prior to removal of mask, turn flows off
- Attach circuit to vent
- After intubation, place circuit on filter at the end of the ETT, then turn on flows
- Ensure proper placement of ETT
- Should the ETT not be properly placed:
 - Immediately remove the ETT, throw it in the biohazard bin
 - Place the filter on a new ETT
 - Most experienced provider attempt intubation
 - Consider glidescope use
 - Avoid mask ventilation if possible

Intraoperative:

- Do not disconnect circuit with flows on, such as during:
 - Taping
 - Moving/Positioning
 - Turning bed
- Avoid use of oral airway unless necessary

Extubation:

- Anticipate extubation time, and provide 100% FiO₂ prior
- Immediately prior to extubation, turn to manual ventilation or PSV with no back up RR, and turn flows off
- Extubate, and place ETT into biohazard container (sharps container with lid if biohazard container is not available)
- Attach circuit to ventilator
- After extubation, place POM mask (without opening perforated site) on patient with tight seal, and provide O₂
- Send patient to PACU with POM mask