SCREEN and TEST
- All pre-operative patients need COVID-19 test
  - Emergent test for emergent case
  - Non-Emergent test for non-emergent cases
  - No repeat inpatient pre-procedure testing unless symptomatic and clinically indicated
- COVID-19 test ordered by PICU/CV/primary physician
  - Do not wait for test results for transport to OR if emergent or bedside
- For non-emergent cases, surgery will wait for non-Emergent test results.

RESOURCES
- Nursing staff for questions/concerns
- PPE will be outside room or anterior room
- Please see charge nurse for non-emergent N95
  - Requisition needed
- Emergent N95 available in tackle box
- Hand-off to attending and resident team (via phone calls)

PPE = personal protective equipment, PUI = patient under investigation

SCREEN, TEST, and RESOURCES

DISPOSITION
- All tested patients are considered COVID+/PUI patients until proven otherwise
- For COVID-19 (+)/PUI, Droplet+ sign placed at bedside/door
- CARE4 banner will show isolation status
  - Mask required for any suspected patient and accompanying family member for transport
  - Discourage visitor movement around hospital
- Patient tracker updated with COVID-19 (+)/PUI status
  - Critically ill patients/isolation
    - Negative pressure rooms will be utilized for airborne precautions, if available
- Bedside procedures need to follow all COVID-19 (+)/PUI guidelines and policies
  - Visitor policy per unit for COVID-19 (+)/PUI
    - 1 visitor and no switching
  - “Precaution-visitor restriction” order will be placed in chart by the primary team after the huddle
- Protected code blue
  - COVID-19 (-) pts
    - Giraffe sign/red-blue striped armband
    - Regular resuscitation
  - COVID-19 (+)/PUI and unknown COVID status
    - Protected resuscitation
    - Plastic drape, filters, limited staff in room
- Parents/family will wait in designated patient room

TRANSPORT
- Emergent cases/PICU patients go directly to OR will bypass pre-operative holding
  - Mask required for COVID-19 (+)/PUI and any accompanying family member
  - Discourage visitor movement around hospital
  - OR return directly to designated recovery floor/room
  - For CV patients:
    - Consider elective intubation prior to transport
    - Bedside RN to prepare patient: minimize/remove all non-critical patient equipment, ensure transport readiness
    - Anesthesia care provider w/PPE to assist prior to transport
      - Gown/gloves should be removed/discarded inside the room before exiting.
      - Maintain N95 respirator and CAPR/PAPR.
      - Clean gown/gloves donned prior to transport.
      - Patient transport needs 3 care providers present.
        - First two: clean PPE assist transport.
        - Third: manage pathway to destination
  - Airway management:
    - Minimize aerosol during ETT disconnections/maneuvers
      - Filter placed on transport vent/Ambu bag
      - Mitigate by performing these maneuvers under transparent covers
    - Patients without advanced airway need surgical mask during transport.
    - Supplemental O₂ <2 L/min: surgical mask placed over oxygen delivery system for transport.
    - Supplemental O₂ is > 2 L/min patient require intubation prior to transport.

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