## COVID-19+/PUI Pediatric Standard Operating Procedures

### General Considerations

#### Patient Status

<table>
<thead>
<tr>
<th>COVID-19 (+)</th>
<th>Pre-Operative Testing</th>
<th>Patient Designation</th>
</tr>
</thead>
</table>
| - Patient with any history of positive test  
- For symptomatic patients or aerosolized procedures 
  - Isolation  
  - Airborne precautions 
  - Required for placing nasogastric tube/post-pyloric feeding tubes  
- For asymptomatic patients or non-aerosolized procedures 
  - Isolation  
  - Droplet+ precautions  
- For outpatient asymptomatic COVID-19 (+) tests, 
  - Procedure to be postponed.  
  - May proceed after 10 asymptomatic days  
| Types of test  
- Emergent – 4 tests/hr capacity, 2 hour response  
- Non-Emergent – 48 hour response  
- All patients are being tested at admission 
  - Unless emergent- cannot wait for test  
  - Outside tests not accepted  
- Must have test within 72 hrs of operations/procedure  
| Droplet+  
- Precautions: doors closed, hand hygiene, glove/gown eye protection (face shield/goggles), surgical mask  
- Asymptomatic patient, COVID-19 (+)  
- Non-aerosolizing events/procedures  
- Pre-operative patient pending test results  
| Airborne isolation  
- Droplet+ precaution AND N95 mask  
- Aerosolizing events/procedures 
  - Intubations  
  - BIPAP/CPAP/Vapotherm  
  - Sputum induction  
  - Open airway suctioning  
  - Tracheal intubation  
  - Bronchoscopy  
  - Nebulizer treatment IN PROGRESS  
  - Patient with uncontrolled cough  
  - Nasogastric tube/post-pyloric feeding tube placement  
| Patient under investigation (PUI)  
- Patients with any test pending or demonstrating associated symptomatology  
  - Droplet+ precautions  
| Outpatient  
- COVID-19 testing required for all patients  
- Outside RT-PRC COVID-19 tests accepted  
| Symptomatic, COVID-19 (+)  
| Symptomatic, PUI  
| Signs  
- COVID-19 (+)/PUI: Droplet+ with/without aerosolizing procedure outside door  
| Pre-Operative patient undergoing testing are considered PUI  
- Types of test  
- Emergent – 4 tests/hr capacity, 2 hour response  
- Non-Emergent – 48 hour response  
| Symptomatic patients require full work up  
| Asymptomatic patients undergo testing are considered PUI  
| Outpatient  
- COVID-19 testing required for all patients  
- Outside RT-PRC COVID-19 tests accepted  
| Once tested, patients are PUI until proven otherwise  
| Pre-operative patients will be placed on Droplet + precautions 
  - Airborne – aerosolizing procedures  
  - Respiratory modes: CPAP, BIBAP, Hi Flo  
| Patient will remain in current assigned room  
| Nursing will utilize appropriate PPE and minimize room entries until result is back |

**Note:** v.15 updated 10/30/20
## SCREEN and TEST
- All patients are being tested prior to admission
- If test not sent from ED due to emergency, patient will be treated as PUI and test to be sent by post-surgery team/unit
- All patients will be placed on Droplet+ precautions (airborne for aerosolizing events/procedure)
- Burns will not be routinely tested in the ED
- If OR need is identified, ED will send Emergent test
- COVID-19 test to be ordered by ED physician

## DISPOSITION
- All patients are considered COVID-19 (+)/PUI until proven otherwise
  - For COVID-19 (+)/PUI, Droplet+ sign placed on door
  - Mask required for all patients and any accompanying family member for transport
  - Patient tracker updated with status-labeled suspect or COVID-19 (+)

## TRANSPORT and RESOURCES

### TRANSPORT
- Any COVID-19 (+) or highly suspect patient (known positive parent/guardian or known contact with positive individual) will bypass pre-operative holding
- For COVID-19 (+)/PUI, ED nursing staff will transport to location: OR, ICU, floor
  - OR: direct to OR, bypassing holding,
  - Must confirm that OR is ready to receive patient

### RESOURCES
- Nursing staff for questions/concerns
- PPE will be outside room, please see charge nurse for N95
- Hand-off to attending and resident team (via phone calls)

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PPE = personal protective equipment, PUI = patient under investigation
## SCREEN and TEST
- For preoperative patients, all patients require COVID-19 test within 72 hours of surgery
  - Emergent test for emergent case
  - Non-Emergent test for non-emergent cases
  - If negative, no repeat inpatient pre-procedure testing unless symptomatic and clinically indicated
- COVID-19 test ordered by attending
  - Do not wait for test results to transport to OR if emergent or bedside
- For non-emergent cases, surgery will wait for non-Emergent test results.
- All patients are considered COVID-19 (+)/PUI until negative
- Outside RT-PRC COVID-19 tests accepted

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## DISPOSITION
- Anesthesia board runner/charge nurse or coordinator will place icon on OR tracker for COVID-19 (+)/PUI
- For COVID-19 (+)/PUI, Droplet+ sign placed at bedside/door
- COVID-19 (+)/PUI checklist for all COVID-19 (+) or PUI patients
- Critically ill patients/isolation
  - Designated room will be utilized
  - Check with charge nurse which room
- COVID-19 (+)/PUI patients to recover in OR.
- Parents or family member will wait in designated patient room

## TRANSPORT and RESOURCES
### TRANSPORT
- Mask required for any suspected patient and accompanying family member for transport
- For COVID-19 (+)/PUI patients, OR directly to designated recovery floor/room
  - PACU bypassed
- Emergent cases that go directly to OR will bypass pre-operative holding
- Any COVID-19 (+) or highly suspect patient (known positive parent/guardian or known contact with positive individual) will bypass pre-operative holding

### RESOURCES
- Nursing staff for questions/concerns
- PPE will be outside room
- N95 masks at Control desk
- Hand-off to attending and resident team (via phone calls)

v.15 updated 10/30/20
COVID-19+/PUI Pediatric Standard Operating Procedures

**CHILDREN’S IMAGING, INTERVENTIONAL RADIOLOGY, PROCEDURES SUITE (general anesthesia)**

### SCREEN and TEST

**Pedi Cath lab, Pedi GI, other outside location outpatient anesthesia procedures**
- All procedures requiring general anesthesia or aerosolizing procedures require prior COVID-19 testing within 72 hours of procedure/imaging
- **Outpatients**
  - Adult patients report to 2 Sarofim to get swabbed and then sent home.
  - Pedi patients ≤ 17 years old report to Pedi Swab Clinic on 2 Hermann
- **Outside RT-PCR COVID-19 tests accepted**
- **Inpatients**
  - No repeat inpatient pre-procedure testing unless symptomatic and clinically indicated
- **Results**
  - Day prior, COVID-19 results are checked by the pre-op staff and results added on the OR tracker under pre-op notes
  - If results are positive, PACU nurse will call physician and anesthesiologist for approval or will need to be rescheduled.
- **If procedure is a go with a COVID-19 (+) patient, then OR tracker is updated with a COVID-19 (+) icon**

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PUI = patient under investigation

### SCREEN and TEST

**Procedures requiring COVID-19 testing**
- **Cath Lab and Non-Invasive Cardiology Procedures**
  - All Cardiac Caths including all structural procedures, e.g., TAVR, Watchman, Mitral Clips
  - All TEEs
  - Elective cardiac biopsies
  - All Electrophysiology (EP) procedures
  - All exercise tests (including nuclear and ECHO)
- **Pulmonary**
  - Bronchoscopy
  - Pulmonary Function Tests
  - Spirometry
  - Cardiopulmonary Exercise Stress Tests / 6 minute walk tests
  - Thoracentesis
- **GI**
  - All Upper endoscopies: With general anesthesia (EGD, ERCP, Endoscopic ultrasound, D/E)
  - All Lower endoscopies: With general anesthesia
  - Esophageal motility
  - Pill cam, small bowel capsule, breath tests, pH probe
- **Imaging**
  - All MRIs and CTs in children too young to keep still
  - All studies in Children done with GA: Lumbar Puncture, Myelograms
  - Modified Barium Swallows, UGI
  - Intussusceptions
  - Air enema for intussusception reduction/other contrast enema
  - Feeding tube placements
  - In MRI: Chest, Abdomen with GA, Defectography
  - In CT: All with general anesthesia: thoracentesis, Chest needle biopsy, chest cyst aspiration, Neck Biopsy, Neck Cyst aspiration with CT Guidance, Abdominal biopsy with CT guidance, Radiofrequency Ablation, Radiofrequency Ablation Perc Pulmonary
  - Interventional Radiology of chest and abdomen
  - VCU, MEG studies

### TRANSPORT and RESOURCES

**TRANSPORT**
- A mask/gloves are required for patient and nursing staff while transporting down to the Imaging Suite.
- For COVID-19 (+)/PUI, Droplet+ sign placed on outside of procedure door
- After procedure, patient wears surgical mask. Nursing staff plus anesthesia team wears N95 mask and gloves to transport back up to Pedi PACU.
- Recover in procedure area and back to floor
- COVID-19 (+)/PUI bypass PACU

**RESOURCES**
- PPE allocation form/N95 request form is filled out the day before the procedure or the morning of the procedure
- 1 member of the team picks up the PPE for everyone involved in the case (keeping it 6 people or less in the procedure room)
- PPE is donned outside of the procedure room

v.15 updated 10/30/20
<table>
<thead>
<tr>
<th>SCREEN and TEST</th>
<th>DISPOSITION</th>
<th>TRANSPORT and RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outpatient</strong></td>
<td><strong>Day of Infusion/Exam</strong></td>
<td><strong>TRANSPORT</strong></td>
</tr>
<tr>
<td>Non-general anesthesia imaging</td>
<td>Both patient and family member are screened upon entry into hospital along with a mask</td>
<td>A mask/gloves are required for patient and nursing staff while transporting down to the Imaging Suite.</td>
</tr>
<tr>
<td></td>
<td>Second temperature is taken upon approaching the front desk in the imaging suite.</td>
<td>For COVID-19 (+)/PUI, Droplet+ sign placed on outside of procedure door</td>
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<tr>
<td></td>
<td>Seat Unavailable (Social Distancing) signs have been placed in waiting room chairs allowing for a maximum of 15 people to sit safely at one given time.</td>
<td>After procedure, patient wears surgical mask. Nursing staff plus anesthesia team wears N95 mask and gloves to transport back up to Pedi PACU.</td>
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<tr>
<td></td>
<td>Patient and family member are brought back to their infusion/exam room by nurse/tech also wearing a mask</td>
<td><strong>RESOURCES</strong></td>
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<tr>
<td></td>
<td>At end of infusion/exam, patient and family member are discharged home while wearing a mask</td>
<td>Nursing staff for questions/concerns</td>
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<td>PPE will be outside room</td>
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<td></td>
<td><strong>PPE</strong> = personal protective equipment, PUI = patient under investigation</td>
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<tr>
<td>Phone calls are made to patients the day before their scheduled infusion/exam asking about recent travel, GI, fever, cough, or COVID-19 symptoms</td>
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<tr>
<td>Only 1 visitor is allowed with patient and both will be screened again upon entry into the hospital</td>
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<tr>
<td>If patient has a fever or any type of cold/flu like symptoms or is COVID-19 (+) while screening over phone, patient is rescheduled and their MD is notified</td>
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<tr>
<td>Non GA Procedures requiring COVID-19 Testing</td>
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<tr>
<td>VCUG</td>
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<tr>
<td>UGI</td>
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<tr>
<td>All MEG studies</td>
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<tr>
<td>A negative COVID-19 result must be obtained prior to patient coming into imaging suite for infusion/exam.</td>
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<tr>
<td>Must have test within 72 hours</td>
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<tr>
<td>Outside RT-PRC COVID-19 tests accepted</td>
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### SCREEN, TEST, and RESOURCES

**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)

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### 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

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### 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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<tr>
<td>- All pre-operative patients need COVID-19 test</td>
<td>- All tested patients are considered COVID-19 (+)/PUI patients until negative</td>
<td>- For COVID-19 (+)/PUI, NICU transport team will transport to location: OR, imaging</td>
</tr>
<tr>
<td>- Rapid test for all Emergent NICU patients</td>
<td>- For COVID-19 (+)/PUI, Droplet+ sign placed at bedside/door</td>
<td>- NICU transport with pediatric anesthesiologist or fellow will transport OR to NICU</td>
</tr>
<tr>
<td>- Urgent test for non-emergent cases &gt;24 hours</td>
<td>- All patients will be placed in isolette as size permits</td>
<td>RESOURCES</td>
</tr>
<tr>
<td>- No repeat inpatient pre-procedure testing unless symptomatic and clinically indicated</td>
<td>- Infants transported in an isolette</td>
<td>- Nursing staff for questions/concerns</td>
</tr>
<tr>
<td>- COVID-19 test ordered by NICU physician</td>
<td>- Patient tracker updated with status-labeled suspect or COVID-19 (+)</td>
<td>- In-house manager, on-call manager or charge RN</td>
</tr>
<tr>
<td>- Do not wait for transport to OR if emergent or bedside</td>
<td>- Critically ill patients/isolation</td>
<td>- PPE will be outside room, please see charge nurse for N95</td>
</tr>
<tr>
<td>- For non-emergent cases, surgery will wait for Emergent test results.</td>
<td>- Duck and lion pods will be utilized</td>
<td>- Hand-off to attending and resident team (via phone calls)</td>
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<tr>
<td></td>
<td>- Negative pressure rooms for air borne precautions</td>
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<tr>
<td></td>
<td>- If patient is too large to be placed in an isolette, patient will be placed in alternative pod with distancing</td>
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