COVID-19+/PUI Pediatric Standard Operating Procedures

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)

PPE = personal protective equipment, PUI = patient under investigation

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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