

PEDIATRIC INPATIENT/PEDIATRIC INTENSIVE CARE UNIT/HEART CENTER

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.