Cleveland Clinic

Anesthesia Considerations for COVID 19

It is important to consider the following key recommendations for care of patients with suspected or positive COVID-19 receiving anesthesia in perioperative locations. These recommendations are precautions above and beyond those recommended for hand hygiene and personal protective equipment, such as eye protection which should be worn whenever patient is in the operating or procedure room:

1. Lower threshold for planning elective or semi-elective intubations in relevant cases.

2. If general anesthesia is not required, the patient should continue to wear a surgical mask throughout the procedure.

3. Designate the most experienced anesthesia professional available to perform intubation to minimize the number of attempts as is appropriate for the clinical situation.

4. Use disposable equipment (laryngoscope handles and blades) preferentially whenever possible.

5. Ensure a high quality HMEF (Heat and Moisture Exchanging Filter) rated to remove at least 99.97% of airborne particles 0.3 microns or greater is placed between the endotracheal tube and reservoir bag during transfers to avoid contaminating the atmosphere.

6. Avoid awake fiberoptic intubation unless specifically indicated. Atomized local anesthetic will aerosolize the virus. Consider using a video-laryngoscope to improve intubation success when the intubation appears challenging.

7. Perform rapid sequence induction (RSI) or a modified RSI as clinically indicated to avoid spread of airway droplets.

8. Apply the double glove technique during airway management. Re-sheath the laryngoscope immediately post intubation (double glove technique). Seal ALL used airway equipment in a double zip-locked plastic bag. It must then be removed for decontamination and disinfection.

Review additional recommendations from American Society of Anesthesiologists via link below:

https://www.asahq.org/about-asa/governance-and-committees/asa-committees/committee-on-occupational-health/coronavirus