OB Anesthesia Guidelines

Person under Investigation (PUI) or COVID-19 Patient (12/20/20)

➢ ***N95 is equivalent to CAPR/PAPR** as per the Anes Dept.'s recommendations*

- Indication(s) to wear CAPR vs. N95: 1) Failed N95 fit-test (e.g. beard)
2) Personal comfort/choice

- There is 1 CAPR-shroud helmet in the Att Anes call room on L&D
- The CAPR-shroud helmet CAN be worn in the OR throughout surgery

- ***OR A** and **B** are the designated ORs with high-efficiency particulate air (HEPA) filters*
- *Patient will be in a **negative pressure room** during labor (LDR 1-4, or on F2)*
- ***All providers must wear PPE**: N95 mask, face shield (or goggles), gloves, gown (remove ID badge + phones from pockets) in **OR throughout surgery***
- ***Patient** to wear surgical mask (in LDR + OR)*

- In **non-PUI/COVID** patients undergoing GA with intubation, wear N95 mask + PPE for **ALL** intubations + extubations
- If desires, can change to surgical mask (after the patient is intubated), for comfort intraoperatively

1) Labor neuraxial analgesia

- Early labor epidural to be advised for all patients (unless contraindicated)
- Experienced anesthesiologist to perform the procedure
- Wear N95* mask + face shield (or goggles) + gown + double-gloves
- Leave epidural cart outside the room
- Q2-3 h epidural checks via nurse communication to avoid excess traffic in room

2) Intrapartum cesarean delivery or emergent non-delivery surgery

- Multidisciplinary huddle prior to case
- No support person in OR
- No skin-to-skin
- Minimal OR staff and traffic in/out
- Fully prepare OR prior to patient's arrival
  - ➢ Airway equipment with HME in circuit
  - ➢ Have all airway pink/clear tape strips already cut from roll
  - ➢ Drugs (including PPH kit)
  - ➢ Infusions (phenylephrine/oxytocin/azithromycin)

A) Neuraxial anesthesia for ALL indications (unless contraindicated)

- Convert labor epidural to surgical anesthesia
- If no epidural in-situ, place CSE (to reduce the risk of needing conversion to GA)
- Spinal, even if stat GA is preferable (to avoid intubation), if clinical situation allows
- Experienced anesthesiologist to perform the procedure
- Wear N95* mask + face shield (or goggles) + gown + double-gloves
- Strict BP control to avoid vomiting

B) General anesthesia (neuraxial contraindicated or intraoperative failed block)

- For stat CD, discuss with OB re spinal (by attending) vs. GA
  - If spinal, have 2nd person prepare for GA while spinal being placed

- See 'Intubation Algorithm' for further information
- Consult COVID/Airway team for advice/assistance (if time permits – see below)
- Experienced anesthesiologist to perform intubation
- Minimal staff in OR during intubation + extubation
- Non-anesthesia staff: N95 mask + face shield (or goggles) + gown + gloves
- Anesthesia team: N95* mask + face shield (or goggles) + gown + **double-gloves**
- Recovery in OR, then transfer to **designated COVID area**

3) Acute respiratory failure requiring intubation

- Intubation will be conducted by the designated **COVID/PUI airway team**

- If intubation cannot wait for the designated COVID/PUI airway team, the OB anesthesiologist should proceed with intubating the patient in a negative pressure room (LDR 1-4, OR A, OR or B), with all non-essential staff outside the room until the airway is secured