OB Anesthesia – PUI/COVID Management Overview (12/20/20)

Cleanliness

- No **scrubs** outside hospital (in or out)
- **Wash hands** after changing + touching shoes (in or out)
- **Change scrubs** if ANY contamination
- Daily call room **cleaning** (handles, keyboard, all surfaces)
- Use call rooms for all **charting**

Labor analgesia (All patients)

- Encourage **early** placement
- Limit room traffic
- Epidural checks (q2-3 h) via nurse feedback - document in Epic
- Frequent Sparkline review
- No nitrous oxide

Labor analgesia (PUI/COVID)

- N95 + face shield (or goggles) + gown + double-gloves
- **Experienced** provider place block
- Very low threshold for replacement

CD (All patients)

- Surgical mask on patient
- Minimize OR traffic
- No Optiflow or nasal canulae
- If applicable, face mask oxygen (6L/min max)
- Optimal airway positioning at start
- Standard antibiotic prophylaxis
- Delay skin-to-skin until all tasks complete (avoid crowding)
- If intubating a non-PUI/COVID patient, wear N95 mask for ALL intubations + extubations
- If desired, change to surgical mask (after the patient is intubated), for comfort intraoperatively

CD - Neuraxial (PUI/COVID)

- N95 + face shield (or goggles) + gown + double-gloves
- No support person in OR
- **Epidural** or **CSE** (no spinal unless stat CD)
- Very low threshold to replace sub-optimal labor analgesia
- Strict **BP control** to avoid vomiting

CD - GA (PUI/COVID)

- N95 + face shield (or goggles) + gown + double-gloves
- See 'Intubation Algorithm' for more details
- Consult COVID/Airway team (if time permits)
- HME filter between facemask/ETT + circuit
- No mask ventilation during RSI (unless indicated)
- Video-laryngoscopy (to avoid close patient contact)
- **Recover in OR**