

# COVID-19 Anesthesia Tips



Stanford  
MEDICINE

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Dr. Becky Wong and Dr. Daryl Oakes

## Room Options

- Negative pressure room for intubation, if possible  
*500P PACU 61, Preop Bay 5 500P OR 34*  
*Designated COVID-19 OR*
- See “Extubation/Transport”

## Pre-Procedure

1. Store personal items (bag, wallet, jewelry, etc).
2. Place cellphone, stethoscope in an accessible place in your workspace (so not reaching under PPE during case)
3. Clear surfaces (no green towels) for easy cleaning.
4. Prepare to be in room continuously for up to 6 hours to avoid multiple PPE changes (eg. eat, hydrate, use restroom, get coverage for airway pager or 2<sup>nd</sup> room)

## Set-Up

- **Hydrophobic HME Filter for anesthesia circuit**
- Video-laryngoscope (VL) w/ 2 sizes disposable blades
- Back-up airway device
- Bag with ETT, 10ml syringe, pink tape, eye tape, intubation meds, suction.
- Bag for contaminated, reusable equipment
- SaniWipes, Hand Sanitizer bottle for your cart
- Place frequently used items on cart to limit cart entry.

## Intubation

- Donn PPE.
- Double glove.
- **Pre-oxygenate w/ HME filter on circuit above mask.**
- RSI w/VL. Try to avoid mask ventilation or coughing. Cuff up fully, no air-leak, connect circuit w/ HME filter.
- Remove outer gloves **FIRST then** secure ETT.
- Remove inner gloves, then Hand Hygiene and re-glove.
- Avoid high gas flows



## During the Case

- **Change gloves AFTER touching patient and BEFORE entering cart or touching other equipment. \*\*Hand hygiene between EVERY glove change.**
- Regularly wipe workspace with SaniWipes (eg. computer, keyboard, cart, drawer handles, poles, anesthesia machine)
- Minimize personnel in room and traffic through room.

## Extubation/Transport

- Transport to negative pressure room (eg OR 34 or ICU) for extubation.
- For transport, use **filter on anesthesia travel circuit.**
- Consider clamping ETT during change to (and from) transport circuit w/filter.
- Transport assistant in clean PPE should open doors, press buttons etc.
- **After extubation, use mask+filter+circuit (see fig.)**



## Post-Procedure

- Doff PPE carefully (see guide)
- Disinfect phone, pager, etc
- Wash hands, face, and neck area with soap and water.
- Change scrubs

## Clean your work area frequently!



Source: <https://www.apsf.org/article/hca-infections-can-the-anesthesia-provider-be-at-fault/>

Anesthesia residents (unaware of the study design) performed routine induction of general anesthesia with endotracheal intubation in a high-fidelity simulator. Invisible fluorescent dye—secretly painted in the “patient’s mouth”—was traced to an alarming multitude of anesthesia work surfaces within six minutes of the start of anesthesia (each star indicates contamination by the oral tracer).