COVID Anesthesia for Interventional Radiology

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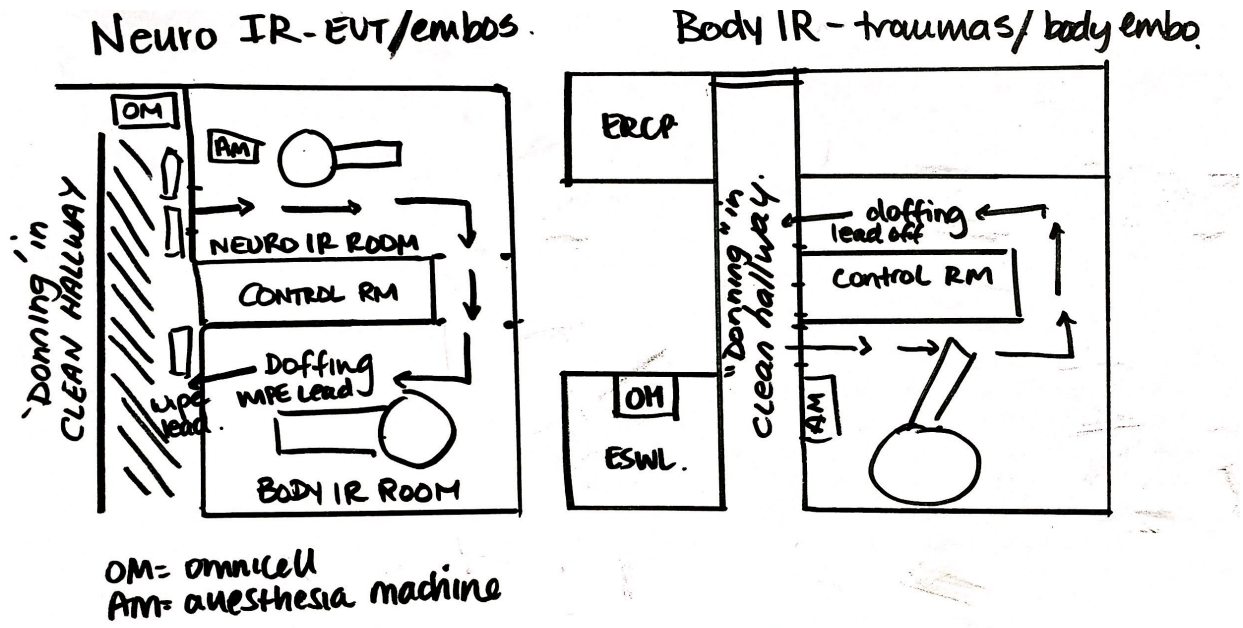
March 31 2020

Two locations will be used for interventional radiology: 1) the neurointerventional suite (stroke EVTs, neuroradiology) and 2) the body IR room near ESWL (body interventional radiology, trauma).



****Until further guidance is given, all urgent radiology cases are to be treated as COVID positive with appropriate PPE, similar to the operating room****

Intubation: Patients presenting to the emergency room who require urgent IR + GA can be intubated in 1) negative pressure isolation rooms or trauma bay and transferred to IR under airborne precautions or 2) transfer to the IR suite and intubate there under airborne precautions.

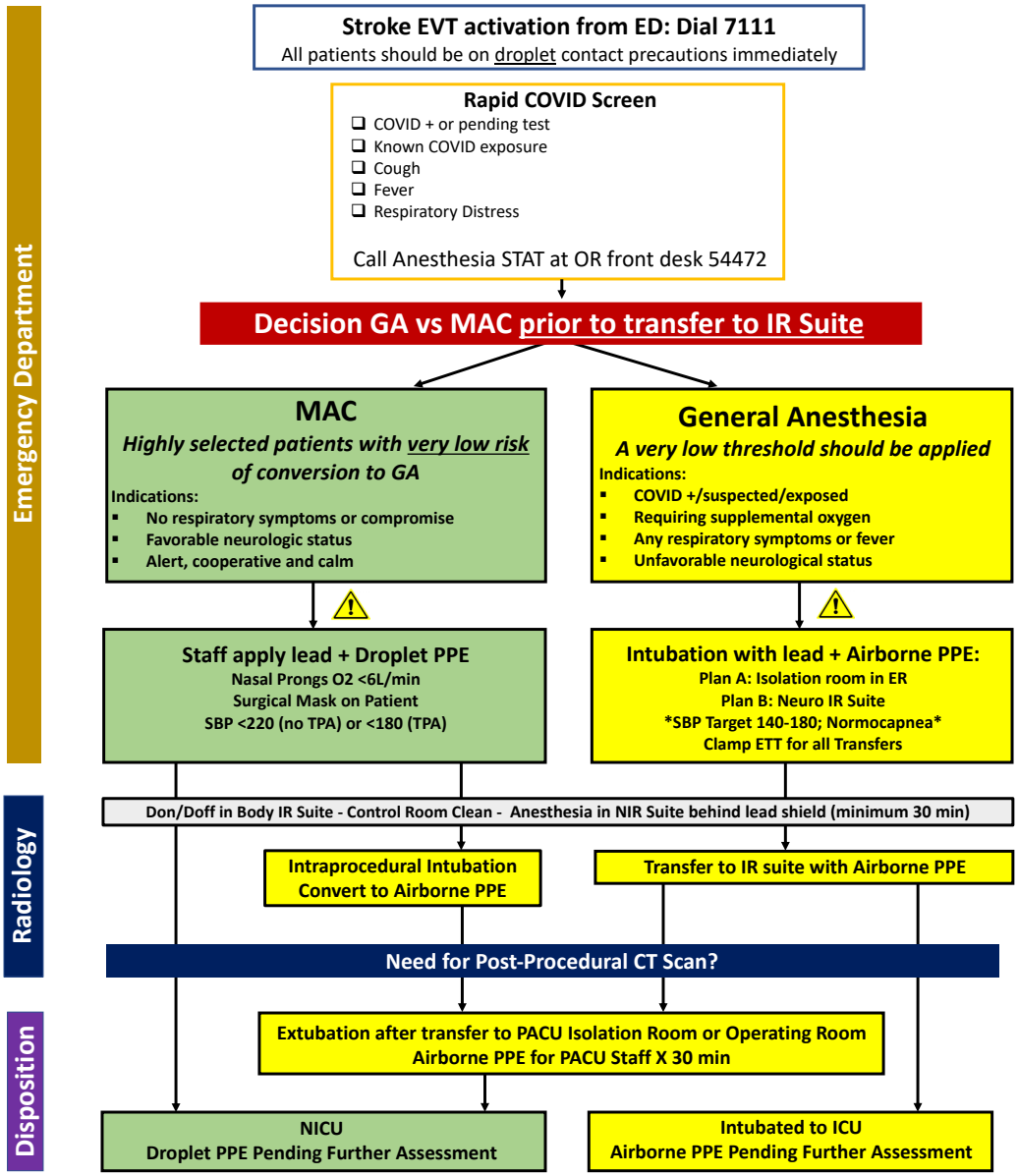
Donning/Doffing: Both locations have a circular pathway from clean donning in hallway → suite → dirty back hall exit →doffing area. In both locations, the control room will be considered "clean" and closed off to the suite. After removing gowns, lead suits will be wiped down with a buddy, then exit to hallway where lead removed and wiped down a second time. Note that if you intubate in ED, you will need to doff, lead and re-don. Lead will need to be removed prior to transferring the patient to either PACU, NICU or ICU. Therefore, we will need to "doff" our gowns and lead (but keep n95 on), and re-don a clean gown after lead is removed.

Two anesthesiologists or anesthesia + AA: These procedures will require 2 sets of rad techs and nurses. We recommend 2 anesthesiologists or anesthesia + AA for all GA cases to allow a clean runner separate from the person in the IR suite. The anesthesia machines will be prepped as for a COVID OR patient, and the "clean" runner will support the "dirty" person in the IR suite in getting drugs and equipment; charting can be done from the control room.

Anesthetic Carts: Blue anesthetic carts may replace the Omnicells to allow greater mobility and cleaning. One will be located in the hallway outside neuro IR, and one outside the body IR suite near ESWL. The anesthesia machine in the body IR room has been relocated close to the door to hallway to facilitate working with the clean runner who will be in the hallway.

Communication: Difficult between those in the suite and those outside; consider using your doffed phone to text neurology or anesthesia/AA if required. Looking into other options (vocera/walkie-talkies).

COVID NP Swabs: COVID nasopharyngeal swabs should be avoided in stroke patients who have received TPA (or antiplatelets) given the risk of massive epistaxis.



Version: March 27 2020 Vancouver Coastal Health