Non-Operative and Ambulatory Pre-Procedure Testing for COVID19
(Updated 05/11/2020)

The document entitled perioperative testing guidance is applicable only for surgeries and procedures requiring moderate or deep sedation/analgesia, monitored anesthesia, or general anesthesia. The perioperative testing guidance does not apply to procedures requiring only local anesthetic, minimal sedation, or both.

Per JCAHO, there are 4 levels of sedation and anesthesia:

- Minimal sedation/anxiolyxis (ventilatory and cardiovascular systems are unaffected).
- Moderate sedation/analgesia: no interventions are required to maintain a patent airway. Spontaneous ventilation is adequate and cardiovascular function is usually maintained.
- Deep sedation/analgesia: Patient cannot be easily aroused. Ability to independently maintain ventilatory function may be impaired. Patient may require assistance with airway.
- Anesthesia: Consists of use of general anesthesia, spinal or major regional anesthesia.

However, there are many other procedures performed within NM/UNMC that do not require Anesthesia or moderate/deep sedation. Many of these procedures will not require pre-procedure testing due to low risk and adequate infection prevention via the universal mask protocol. At this time, capacity for universal testing does not exist, therefore further guidance is necessary to guide COVID testing and PPE use for low risk procedures among asymptomatic patients.

Please consider the level of medication truly needed for procedures, including consideration of oral anxiolysis/analgesia without intravenous supplementation, if appropriate per the proceduralist.

High-risk aerosol-generating procedures(AGPs) are defined within the perioperative guidance (linked above) and include surgery anywhere within the upper respiratory tract, flexible bronchoscopy, rhinoscopy, laryngoscopy (including intubation), GI endoscopy, procedures with need for sedation or spinal anesthetic that have a high likelihood of requiring manual (bag valve mask) ventilation or intubation (such as TEE, ECT, cardioversion, C-section), ENT/OMFS/Dental procedures utilizing cautery, laser, drill or saw within the airway or oral cavity.

Of note, placement of a nasogastric tube, orogastric tube, nasoenteric feeding tube, thoracentesis, or other procedures that could induce cough are not considered to be AGPs and do not require COVID19 testing.

Testing is not mandatory for procedures in which the risk of airway compromise is considered low (local anesthetic, mild sedation or select moderate sedation cases) IF:

- Patients who are asymptomatic and can wear a procedure mask at all times
- Patients who are asymptomatic and mask cannot be worn for a short period (<15 minutes) during the procedure but all staff wear procedure masks

NOTE: FOR ELECTIVE CASES WHERE THE PROCEDURALIST IS PROVIDING OR SUPERVISING ADMINISTRATION OF MODERATE SEDATION:

- The Department of Anesthesiology will not provide augmented sedation to facilitate completion of a procedure unable to be performed with proceduralist provided/supervised sedation. The case would need to be aborted and cancelled. The patient would require testing prior to re-scheduling the procedure with Department of Anesthesiology providing necessary anesthesia services following perioperative testing guidance.
- If procedures are done without testing, COVID level PPE must be readily available should an emergent scenario arise. PPE should not be assumed to be brought to the bedside by the arriving Anesthesia team, rapid response team or code team.

Testing for COVID19 should be completed in the follow circumstances:

- COVID19 pre-procedural testing is mandatory for elective procedures requiring deep sedation/analgesia and anesthesia.
- Patient has any symptoms concerning for COVID19; Symptomatic patients must be evaluated, and procedures should be deferred until acute illness has resolved (per other guidance). If COVID19+, will need to defer procedure if possible. If urgent, COVID19 level precautions should be taken.
- In cases where Infection Control has approved specific guidance unique to a specialty, such as Dentistry, Interventional Radiology, ECT*
  *For recurrent procedures, such as ECT, in which either there is risk of possible aerosol-generation during the procedure, or recurrent visits in which a mask cannot be worn, pre-procedure COVID19 testing should be completed prior to the first procedure and then every 14 days. Between the testing, the patient should self-isolate at home as much as possible, wear masks in public as able and be screening verbally for any new symptoms prior to the next procedure. If symptoms arise, the patient will require assessment and evaluation prior to the next procedure.

  *For Interventional Radiology, testing would be indicated for the following; if intravenous moderate sedation is planned
  1) New percutaneous gastrostomy and gastrojejunostomy tubes
  2) Pulmonary procedures including lung biopsy and Pleurx catheter/chest tube placement.
  3) Patients with BMI greater than 40 who are going to be positioned prone for new nephrostomy or kyphoplasty.
  4) Or other procedure which approving IR physician feels has a significant risk of converting to anesthesia care