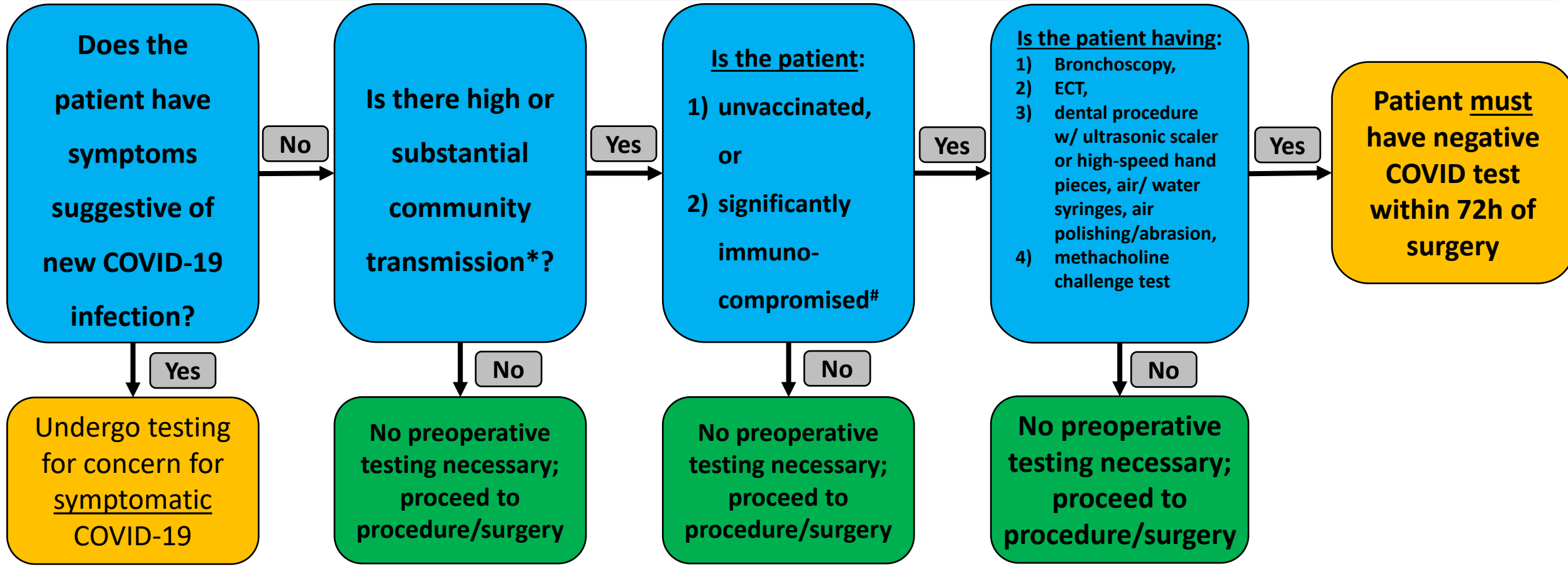


Procedure Planning Guidance for ALL Surgical and Procedural Cases

Reviewed and up to date: Nov 2022

Step 1: Determine the need for preoperative testing;

For pre-procedure COVID clearance, ***one of the following must be satisfied***:



#Significant Immunocompromise Criteria: Primary immune deficiency (e.g. Common Variable Immune Deficiency) or HIV infection with CD4 count ≤ 200 ; Chemotx in the past year or Biologic immunosuppressant use (e.g. DMARDs, adalimumab, etanercept, etc); Prednisone ≥ 20 mg/day (or equivalent) for ≥ 14 d or History of solid organ or stem cell transplant

*https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=Risk&null=Risk

Step 2: For patients with positive COVID test w/in the past 90 days, what is the *urgency of the procedure* as determined by the attending proceduralist?

Completely Elective
(time not a concern; e.g. elective plastic surgery)

Time-sensitive
(time is a concern and procedure is to provide improvement in health status [e.g. surgery for cancer, painful conditions (spine/TKA/THA); to improve eyesight, etc])

Urgent or Emergent
(i.e. leveled case and no time for repeat testing)

IF fever-free ≥ 24 h w/o meds & symptoms resolved & ≥ 10 days since first COVID+ test, **proceed to surgery; otherwise delay until these criteria met**

IF fever-free ≥ 24 h w/o meds & symptoms resolved & ≥ 10 days since first COVID+ test, **proceed to surgery; otherwise discuss with proceduralist if case can be delayed. If not, treat case as 'urgent.'**

Is pt fever-free ≥ 24 h w/o meds & symptoms resolved & ≥ 10 days since first COVID+ test?

This algorithm is focused on the infectious state of the patient and the COVID transmission risk that they may pose to other patients or their clinical treatment teams. **When scheduling procedures, clinicians should also consider the severity of their disease course** (e.g. waiting 30 days after a PNA, 60 days after acute MI, and ≥ 3 months after a stroke greatly reduces the risk of subsequent perioperative pulmonary complications, cardiac complications, and stroke, respectively).

Yes

No

Treat as COVID(+) and proceed to surgery

Treat as COVID(-) and proceed to surgery

COVID-related symptoms:

- New cough
- SOB or trouble breathing
- New loss of taste or smell
- Fever (>100.4) or chills
- Headache
- Muscle Aches
- Sore throat
- Runny nose or congestion
- N/V or diarrhea

If there are questions or a case does not fit into one of these categories, please contact the AIC of your location prior to cancelling.