

Procedure Planning Guidance for ALL Elective Surgical and Procedural Cases

Step 1: Determine the need for preoperative testing:

Screen patients for symptoms of COVID-19*. If present, pt should undergo testing for concern for symptomatic COVID-19

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)

If fever-free ≥ 24 h w/o meds & symptoms resolved & **≥ 10 days** since first COVID+ test or **≥ 20 days** if immunocompromised or treated for moderate/severe COVID[†], **proceed to surgery; otherwise delay until these criteria met**

*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

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.]

IF fever-free ≥ 24 h w/o meds & symptoms resolved & **≥ 10 days** since first COVID+ test or **≥ 20 days** if immunocompromised or treated for moderate/severe COVID[†], **proceed to surgery; otherwise discuss with proceduralist if case can be delayed. If not, treat case as 'urgent.'**

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).

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.

#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

[†] Moderate/Severe COVID definitions: <https://www.covid19treatmentguidelines.nih.gov/overview/clinical-spectrum/>

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

Is pt fever-free ≥ 24 h w/o meds & symptoms resolved & **≥ 10 days** since first COVID+ test or **≥ 20 days** if immunocompromised or treated for moderate/severe COVID?

Yes

No

Treat as COVID(+) and proceed to surgery

Treat as COVID(-) and proceed to surgery