

ANESTHESIA CARE OF THE PATIENT WITH CORONAVIRUS DISEASE 2019 (COVID-19)

Excellence in care, safety, and continuous improvement of care are hallmarks of the anesthesia profession. Nurse anesthetists may be called upon to care for patients infected with COVID-19. The AANA is committed to supporting CRNAs and the healthcare team to safely deliver patient care while maintaining the health of the nurse anesthetist and the families and the community they serve.

The following considerations are specific to the perioperative setting and summarize recommendations of respected national and international organizations.



ENFORCE FREQUENT, METICULOUS HAND HYGIENE

Hand hygiene is the single most important measure in protection against cross infection. Hand washing is essential before and after donning or doffing PPE.



PERSONAL PROTECTIVE EQUIPMENT (PPE)

Protection must be available for all providers. N95 masks or powered air-purifying respirator (PAPR) should be worn for all known or suspected cases of COVID 19, as well as with all patients during aerosol-generating procedure or when working near the airway.



WEAR DISPOSABLE OR CAPS AND BEARD COVERS

Disposable fluid-resistant long-sleeved gowns, goggles and disposable full-face shields are recommended for frontline providers.



PRIOR TO INTUBATION

Don appropriate gloves, facemask/PAPR, eye shield and gown. Plan to limit the distance traveled with contaminated equipment. Double glove and use the outer glove to sheath the laryngoscope blade after intubating.



THE MOST EXPERIENCED ANESTHESIA PROFESSIONAL SHOULD INTUBATE THE PATIENT

Limit the number of staff members during airway manipulation to reduce the risk of unnecessary exposure.



ALLOCATE ORs SPECIFICALLY FOR PATIENTS WITH CONFIRMED OR SUSPECTED COVID-19

In addition, these patients should not be brought to preoperative holding or recovery areas.



TAKE STEPS TO MINIMIZE AEROSOLIZATION OF THE VIRUS

Preoxygenate the patient for five minutes with 100% FiO₂ and perform rapid sequence induction (RSI) to avoid manual ventilation of the patient's lungs. Use a video-laryngoscope to improve intubation success and avoid awake fiberoptic intubations, when possible. Atomized local anesthetic will aerosolize the virus.



PLACE A HIGH-EFFICIENCY HYDROPHOBIC FILTER

Place between the facemask and breathing circuit or between the facemask and reservoir bag to avoid contaminating the atmosphere.



FOLLOW STRICT ENVIRONMENTAL CLEANING AND DISINFECTION PROCEDURES

Dispose all used airway equipment in a double-zip-locked plastic bag for proper decontamination and disinfection.

As this is a dynamic and evolving situation, please refer to the Anesthesia Patient Safety Foundation, World Health Organization, and Centers for Disease Control and Prevention for current information.

PLEASE CONTACT THE AANA WITH QUESTIONS OR CONCERNS

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[AANA.com/covid19](https://aana.com/covid19)

¹ Anesthesia Patient Safety Foundation. Perioperative considerations for the 2019 Novel Coronavirus (COVID-19), <https://www.apsf.org/news-updates/perioperative-considerations-for-the-2019-novel-coronavirus-covid-19/>. Accessed February 27, 2020.