DIVISION OF ACUTE CARE SURGERY
Acute Care Surgery Tracheostomy SOP in the COVID-19 Era

1) Tracheostomy Decision-making
   a) Defer Tracheostomy in COVID-19 + and PUI until at least 20 days from onset of symptoms, or once converted to negative screen
   b) Perform tracheostomy as usual in non-Covid patients.
      i) If symptom screening not possible (CVA patients, TBI patients, etc.), COVID-19 testing should be performed (resources permit), or tracheostomy performed under the assumption that the patient is COVID-19+ using the procedures outlined below.

2) Tracheostomy Procedure in COVID + patients
   a) Performed at bedside rather than OR unless deemed unsafe by the operating surgeon.
   b) Negative pressure rooms in the ICU
   c) HEPA filtration
   d) Nursing and RT support personnel in the room should be minimized during and for 3 hours after the procedure.
   e) Residents/APPs should assist only if necessary to safely perform the procedure.
   f) PPE: Covid+ PPE for all in room N95 masks or PAPRs and Goggles or face shields
   g) Avoid electrocautery or to use smoke evacuators to avoid aerosolization of viral particles.
      i) Consider percutaneous tracheostomy if the need for electrocautery is anticipated.
   h) Algorithm

References:


