



Atrium Health

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:

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