

## Explanatory Statement for Emergency Surgery Flowchart

# Monash Anaesthesia

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### Overarching Principles

- ! To deliver timely and efficient care to emergency surgical patients
- ! Staff protection through reduction in risk exposure and appropriate PPE
- ! Preservation of operating capacity through efficient utilisation of resources and preservation of infrastructure and staff capacity.

### Caveats

- ! Not all clinical decisions are able to be addressed by a single, rigid and unchanging flow chart
- ! Many decisions are driven by non-patient factors
- ! Acceptance that not all scenarios can be addressed by this single protocol

## **Explanatory Statement for Emergency Surgery Flowchart**

In response to challenges managing the changes to swabbing / screening, Monash Anaesthesia have proposed the following structure to facilitate safe emergency surgery over the next few weeks.

Contained in this document and the other supporting documents are a unifying system for managing potential and confirmed COVID-19 patients throughout the surgical process, with transitions from ED to the ward, to theatre, and post-operative disposition. This harmonises the process across most facets of Monash Health- ED, OR, Labour Wards, ICU, General Wards.

DHHS have proposed that patients awaiting a COVID-19 test result should be managed using the DHHS COVID-19 Screening Questionnaire, and if negative, the patient is to be managed as COVID-negative. We have proposed a new intermediate group that handles these scenarios, COVID-low risk, where the Screening Questionnaire is negative, but the COVID-19 test is pending. This would enable different areas to enhance the DHHS guidance for this subsection of emergency patients and further reduce staff risk when appropriate

Our model recognises that the risk to patients and staff is not only dependent upon patient factors but also what we do to them. For example, airway management in theatre is regarded as an aerosol generating procedure (AGP), and requires a higher level of PPE than routine ward management. We suggest that in this "low risk" group that the level of PPE is transiently elevated around a time of potentially elevated risk. Once the risk has abated (outside of AGPs in theatre and Room Rest Time (RRT)), the level of PPE is adjusted accordingly. This provides DHHS-recommended protections for all staff through the perioperative process and enhances them in situations where there are unknown variables such as an incomplete COVID-19 test result, or incomplete Screening Questionnaire.

The aim remains to pursue surgery in a manner that is safest for the patient and staff. In an ideal world, we would have a completed Screening Questionnaire and a known COVID-19 test result in all patients prior to surgery. Sadly, with emergency procedures this is not the case. This method offers solutions to proceed to surgery without delay, recognising that many results are likely to be available prior to surgical intervention. In addition, it offers solutions to the common questions of who is to be managed as COVID-negative (COVID-NEG), COVID-low risk (COVID-LR), COVID-suspect (SCOVID), or COVID-positive.

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### **CONSIDERATIONS:**

- 1.! TESTING GROUPS**
- 2.! SCREENING GROUPS**
- 3.! PATIENT MANAGEMENT GROUPS**
- 4.! PRE-THEATRE MANAGEMENT**
- 5.! IN-THEATRE MANAGEMENT**
- 6.! POST-THEATRE MANAGEMENT**

## 1.1 **TESTING GROUPS**

Patients will fall into one of three testing groups:

- a.1 **COVID-19 test NEGATIVE**, with test result
  - i.1 Within 7 days (if inpatient test)
  - ii.1 Within 48 hours (if outpatient test)
  
- b.1 **COVID-19 test INCOMPLETE**, including
  - i.1 Test pending
  - ii.1 Test not performed
    - 1.1 due to clinical condition of the patient
    - 2.1 due to the test not being mandated (for example, Obstetric patients at Monash Health)
    - 3.1 due to other reason
  - iii.1 Test result > 7 days if inpatient test
  - iv.1 Test result > 48 hours if outpatient test
  
- c.1 **COVID-19 test POSITIVE**

## 2.1 **SCREENING GROUPS**

Patients will fall into one of two Screening Questionnaire result groups:

- a.1 **COVID-19 Screening Questionnaire NEGATIVE**
  - i.1 All questions answered with “No”
  
- b.1 **COVID-19 Screening Questionnaire POSITIVE**
  - i.1 Any questions answered with “Yes”
  - ii.1 Note that patients that are unable to submit to questionnaire (e.g. unconscious or confused patients) are regarded as having a positive Screening Questionnaire.

All patients require the **COVID-19 Screening Questionnaire** to be completed

- a.1 At presentation in ED, or other admitting/ward location
  - a.1 Note that the current Emergency Department screening questionnaire has been modified slightly for the theatre flow charts, carrying the same information but expressed in a slightly different manner. Future standardisation of the Screening Questionnaire, or the results from the Questionnaire, through ED, wards, theatre, and EMR would be ideal.
- b.1 Immediately prior to presentation to theatre
- c.1 Upon arrival to theatre (if holding bay)

For the purposes of Operating Theatre flow, a positive **COVID-19 Screening Questionnaire** will include any of the following:

- a.1 Recent onset (2 weeks) of COVID symptoms\*
  - Unexpected fever, dyspnoea, runny nose, cough, sore throat, anosmia, headache, myalgia, vomiting or diarrhoea.
- b.1 Recent overseas traveller (<14 days)
- c.1 Contact with confirmed / swab pending COVID-19 case
- d.1 Under DHHS home quarantine
- e.1 Child with any infective symptom
- f.1 Age >75 and new onset confusion
- g.1 Resident of Aged Care Facility
- h.1 Unable to complete the questionnaire/ status unknown / unconscious

### 3.1 **PATIENT MANAGEMENT GROUPS:**

#### **Summary:**

Patients will fall into one of four Management groups during their admission:

- a.! **COVID-negative (COVID-NEG) Test negative / Screen negative**
- b.! **COVID-low risk (COVID-LR) Test incomplete / Screen negative**
- c.! **COVID-suspect (SCOID) Test negative or incomplete / Screen positive**
- d.! **COVID-positive (COVID-POS) Test positive**

The management in each area of the hospital will be determined by the COVID-group applied to the patient.

Please note: Regarding time since test result known, **an inpatient COVID-19 test result from >7 days ago will be considered as “incomplete”**. **An outpatient COVID-19 test result from >48 hours ago will be considered as “incomplete”**.

**a.! COVID-negative (COVID-NEG) Test negative / Screen negative**

Patients will be managed as COVID-NEG if:

The patient has a negative Screening Questionnaire, AND

- 1.! COVID-19 test negative, as described above, OR
- 2.! Have been assessed as COVID-NEG by ID review

**b.! COVID-low risk (COVID-LR) Test incomplete / Screen negative**

Patients will be managed as COVID-LR if:

The patient has a negative Screening Questionnaire, AND

- 1.! COVID-19 test result is incomplete

**c.! COVID-suspect (SCOID) Test negative or incomplete / Screen positive**

Patients will be managed as SCOID if:

The patient has a positive Screening Questionnaire, AND

- 1.! COVID-19 test result is incomplete, OR
- 2.! COVID-19 test result is negative

**d.! COVID-positive (COVID-POS) Test positive**

Patients will be managed as COVID-POS if:

The patient has a positive COVID-19 test, until “cleared”

### 4. **PRE-THEATRE MANAGEMENT:**

All surgical patients are swabbed and screened, either in:

- 1.! The ED when the Surgical Team review the patient and confirm theatre may be required, OR
- 2.! On the ward by the surgical team. e.g. current inpatients that require a surgical review and intervention during their admission.

The perioperative team may manage the patient as SCOID should the screening questionnaire in holding bay have features consistent with COVID-19.

## 5.1 **IN THEATRE MANAGEMENT:**

Refer COVID Precautions Theatre Document Draft  
Refer COVID Theatre PPE Poster  
Workflows illustrated by “Little People” diagrams

### **COVID-NEG patients**

- ! PPE
  - ! Anaesthetic team / technician / scout nurse Standard precautions
  - ! Surgical scrub team Standard precautions
- ! No room rest time (RRT) after AGPs
- ! No stripping of theatre before / after case
- ! No COVID staffing
- ! Disposition:
  - ! Recover in standard recovery Standard precautions

### **COVID-LR patients**

- ! PPE
  - ! Anaesthetic team (and all present during AGPs) Tier 3 (N95 mask)
  - ! Surgical scrub team outside of AGPs Tier 2 or 3
  - ! Surgical scrub team inside of RRT Tier 3 (N95 mask)
- ! Room rest time (RRT) after AGPs
  - 15 min (DDH/Casey)
  - 10 min (MMC)
  - Other locations as specified
- ! No stripping of theatre before / after case
- ! No COVID staffing
- ! Disposition:
  - ! Recover in standard recovery Standard precautions

### **SCCOVID or COVID-POS patients**

- ! PPE
  - ! Anaesthetic team (and all present during AGPs) Tier 3 (N95 mask)
  - ! Surgical scrub team outside of AGPs Tier 2 or 3
  - ! Surgical scrub team inside of RRT Tier 3 (N95 mask)
- ! Room rest time (RRT) after AGPs
  - 15 min (DDH/Casey)
  - 10 min (MMC)
  - Other locations as specified
- ! Stripping of theatre
- ! COVID staffing
- ! Disposition:
  - ! Recover in operating theatre Tier 3 (N95 mask)

## 6.1 **POST-THEATRE MANAGEMENT / DISPOSITION:**

As per pre-theatre management unless the patient status has changed during the perioperative course!

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