



# Lifespan

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## Updated Guide to Pre-Procedure Testing

**July 1, 2020**

### **Rationale for change:**

The change in pre-procedure testing is in recognition of the low rates of positivity in our screening (0.2% over the last 2 weeks) and low positives within the state (1-3% of patients tested, which includes symptomatic patients). Nationally, the Northeast currently has a low prevalence, but some Southern and Western states are seeing an increase in positive cases. Recognizing that there may be an increase in positive cases over time, we will continue to test a subset of patients to have early detection of any increases. We will use that information to guide future changes in testing guidelines.

### **Cardiology:**

Patient screened for symptoms. If screen +, test for COVID.

If screen -, then continue with procedure as planned.

1. Patients from Congregate living facilities need testing
2. Patients being admitted post procedure, need testing
3. Patients that are known to require intubation, need testing (for PPE utilization)

### **GI:**

Patient screened for symptoms. If screen questions are + (fever, cough, etc), Procedure is to be rescheduled and repeat test for COVID via PCP after 10 days

If screen -, then continue with procedure as planned.

1. Patients from Congregate living facilities need testing
2. Patients being admitted post procedure, need testing
3. Routine testing of screen (-) patients not required (no change in PPE)

### **Operating Room:**

Patient screened for symptoms. If screen +, test for COVID.

If screen -, then continue with procedure as planned. Patients in the groups below will need to be tested.

1. Patients from Congregate living facilities

2. Patients being admitted post procedure
3. immunosuppressed patients

**Pediatrics:**

Will follow Adult guidelines.

Given there are universal precautions taken for all aerosol generating procedures in the OR-

1. Pre-procedure screening questions if negative = no test; if positive = test for COVID
2. Congregate living settings = test
3. Patient being admitted after procedure = test

**PFT's:**

Patients are screened and if screen (-) no testing is required. PPE use is unchanged.

**Radiology:**

Patients from congregate living facilities or being admitted need a test.

Non-Aerosol generating procedures, patient going home post procedure:

1. Patient screened for symptoms. If screen +, test for COVID. If screen -, then continue with procedure as planned.

Aerosol generating procedure, OR patient getting admitted post procedure:

1. Patient gets tested pre-procedure. Same workflow as before for positive test.

Current list of AGPs (PLEASE Review - it has been modified): Keep in mind this is for outpatients. ALL patients being admitted are tested, and there is sufficient PPE such that if someone is concerned and the procedure is not on the list, the staff can wear N95/Max PPE.

AGPs in Radiology (IR/CT/US/Mammo):

- Lung Biopsy / Ablation
- Head and neck biopsy / procedure where operators would be near the patient's face, with risk for coughing
- Bronchial Artery embolization
- Thoracentesis / Pleural catheter placement
- Chest tube for Pneumothorax or Hydropneumothorax
- Nasogastric / Orogastric tube placement
- Gastrostomy / Gastro-jejunostomy tube placement
- Jejunostomy