

UAB OB COVID GUIDELINES

LABOR EPIDURAL	Assemble supplies before entering room No cart	* Don Full PPE prior to entering room	Open and log into computer, remove outer gloves	Gel hands, Sterile gloves over nonsterile, Set up kit	Place epidural, consider DPE to reduce Top-ups	Discard Sterile gloves, gel, place nonsterile double glove	Wipe down supplies with purple wipe	Doff PPE except mask and face shield	Exit room, mask and face shield doff, wipe Remotely chart procedure
EXPEDITED C/S Or STAT NA BLOCK	30 MIN WINDOW TO CUT	* 2 providers to OR to don PPE (OR 3) only 2 anesthesia providers in OR	Pt should arrive with mask and keep it on, O2 only if needed, under mask	One provider to have direct patient contact, one to chart and provide support	COVID cart with Lido or chloroprocaine for epidural dosing or spinal/CSE kit	Dose epidural in usual fashion or place SAB/CSE	After adequate level obtained, secondary provider leaves room	Runner RN outside OR to provide any additional supplies	To WPACU Room 1
STAT C/S OR GETA	30 MIN WINDOW TO CUT	** 2 providers to OR to don PPE (OR 3), only 2 anesthesia providers in OR	Use chuck to cover head, chuck on chest, consider intubating under plastic drape	RSI with HME Filter attached, nerve stimulator, CMAC, intubate	Dispose of chucks and plastic, outer gloves off, gel, new outer gloves replaced Direct care provider continues care	Secondary provider to wipe down work area and CMAC, cinch red bag in CMAC tray, place garbage bag over CMAC, call Lab, leave OR	Consider precedex infusion after baby delivered to prevent cough on extubation	At end of case, transfer to WPAC for extubation with monitor to WPACU 1, HME filter stays on ETT	Chucks, plastic drape, in-line suction if available, extubate, mask over nasal cannula on patient

*FOR LABOR EPIDURAL, PPE IS REGUALR MASK, YELLOW GOWN, BUFFANT HAT, EYE SHIELD, DOUBLE GLOVES

**FOR GA, PPE IS N95 MASK FOR ALL INTUBATIONS (even asymptomatic), IMPERMEABLE GOWN, DOUBLE HAT, EYE SHIELD, DOUBLE GLOVES

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