

Immediate Angiography Pathway for COVID-19 (+) Patients at Nebraska Medicine Inclusive of Nebraska Medical Center & Bellevue Medical Center		Suspected or Confirmed
<b>High level STEMI Activation Process</b> <b>Updated 4.21.2020 to Accommodate for COVID-19 Preparations</b>		
<b>NMC &amp; BMC STEMI activation (Direct Presentation)</b> to occur via: 1. Dispatch paging at (NMC- 402-559-5555) or (BMC x5555) 2. PerfectServe Notification of Interventional Provider-On-Call		
<b>STEMI activation (Transfers)</b> to occur via: 1. Transferring facility calls STEMI Hotline with live connection to Interventional Cardiologist 2. BEDS/PPU call dispatch at 402-559-5555 to activate cath lab at NMC.		
<b>BMC Inpatient-</b> Follow inpatient STEMI activation protocol		
<b>Note:</b> **If a patient is deemed COVID-19(+) or is suspicious for COVID-19, it is recommended that an <b>emergent consult with Cardiology</b> takes place <b>prior</b> to activating the cardiac cath lab **Please verify with the cath lab staff that they are ready to accept the patient prior to transfer ( <b>CCL TL 531-557-2700</b> )		
<b>Deviations/Additions to STEMI activation for suspected or confirmed COVID-19 cases</b>		
Communication Exceptions for COVID-19	Assumptions	
1. When activating user is calling dispatch in Step #1, please inform dispatch of COVID-19 suspicion/confirmation. Request STEMI Activation, with the following in the "special instructions" field- " <b>COVID 19</b> "	A. COVID Status is Known B. COVID should be assumed if any suspicion, even if not confirmed by lab tests	
2. 7HVU TL is the "captain of the ship" for all STEMI activations and should be informed of COVID-19 status, regardless of inpatient, emergency or transfer status ( <b>7HVU TL Number- 531-557-2139</b> )	HVU TL is available to respond to all STEMIs	
3. <b>For inpatient STEMIs-</b> HVU will be responsible for communicating COVID-19 status to the cath lab staff. This may occur when confirmation of the page is received or when arriving to get report.		
4. <b>For EMS/ED arrivals,</b> HVU TL should be notified of COVID patient with STEMI Activation page and called directly by ED TL		
5. When ED attending is giving provider-to-provider report to Interventional Cardiologist via PerfectServe, COVID-19 status should be communicated verbally.	Provider-to-Provider communication is facilitated by PerfectServe "STEMI" activation	
<b>5a. BMC - ED and Walk-in arrivals</b> will communicate COVID status to security when activating for STEMI		
<b>5b. BMC Inpatient</b> 1. Provider running RRT will communicate COVID status to cath lab staff & Cardiologist	Provider to Provider communication is facilitated by PerfectServe "STEMI" activation	
Transport Exceptions for COVID-19	Assumptions	
1. Follow COVID-19 precautions (airborne/contact) per organizational policy	Communication of COVID 19 status has occurred	
2. Patient should wear procedure mask and be covered with a clean sheet. ED staff should put procedural mask on patient if symptomatic (cough, fever, SOB)		
3. Staff/transporter wears procedure mask per Infection Prevention. ED staff will follow protocol for inpatient COVID transport to CCL through STEMI door (refer to " <b>Guidance for Transporting Patients with or under investigation for COVID-19</b> ")		
4. Limited personnel should be involved in transporting		
5. Carts should be disinfected with grey-top cleaner or EVS "Oxivir" wipes		
Pre-Case Preparations Exceptions for COVID-19	Assumptions	
1. All staff should be familiar with N95 sizing & fitting with appropriate shaving. Staff should be minimized to the following: -Circulator RN, scrub Rad Tech, Monitor, Attending Interventional Cardiologist	All CCL staff & providers should be educated on donning/doffing by PPE Super Users & Education Videos	
2. CCL staff to don COVID PPE (see below) before patient arrival if aware of positive symptoms		
3. Donning process should include the following: <b>Yellow or Disposable Blue Gown for Circulator &amp; Monitor</b> <b>Sterile Blue Gown for Scrub</b> <b>N95 mask and Face Shield/goggles</b> <b>Gloves</b>		
4. Considering cath procedures are generally considered non-aerosolized-generating procedures, the use of appropriate PPE listed above will provide sufficient respiratory protection for staff		
5. If a patient is at high-risk for respiratory compromise, intubation should be considered and ideally performed in a negative pressure environment prior to transfer to CCL	Bellevue negative pressure rooms include: PACU: Rooms 7 & 8 ICU: Room 102 ED: Room 12 3rd Floor: Rooms 311, 312 4th Floor: all are negative pressure	
6. COVID-19 ROOM sign will be posted on the CCL room door to inform staff and minimize exposure		

Deviations/Additions to STEMI activation for suspected <u>or</u> confirmed COVID-19 cases	
During the case Exceptions for COVID-19	Assumptions
1. PCI2 is the preferred room for STEMI cases and should be considered for these patients unless another case is ongoing.	
<b>1a. BMC</b> cath lab room 1 should be used for STEMI cases unless in use.	Only 1 cath lab team is available. If another STEMI consider lytics.
2. Patient should wear procedure mask throughout procedure	
3. Femoral approach is preferred for COVID(+) patients UNLESS the patient has also received thrombolytics and this is a RESCUE PCI. In those cases, default to Radial approach to minimize bleeding risk	
4. The cath labs remain positive pressure. Keep all doors closed as much as possible to keep room pressures regulated.	
5. Anyone allowed in room should be appropriately donned with PPE as listed above. Retrieve from COVID cage	
6. Before any AGMPs (e.g., intubation and extubation) are performed, all personnel must don an N95 respirator plus face shield or a PAPR, in addition to gown and gloves. <i>(If these are suspected or confirmed cases, staff will be in N95s already. No one needs to leave to re-don)</i>	If not scrubbed during the intubation, ideally personnel should wait 15 minutes prior to entering the room after intubation to gown and glove. If necessary, it's ok to open the door, but this should be minimized as much as possible.
7. Perform procedure - case ends	
Post-Procedure & Recovery for COVID-19	Assumptions
1. Due to cohorting of COVID-19 patients, sheath removal and initial monitoring should occur with the CCL sheath pull team if needed (femoral sheath still in place) using appropriate COVID PPE within the cath lab immediately after procedure.	<b>***Please note that sheath removal should ONLY be performed by specially trained staff</b>
2. Patient should not be transferred back to inpatient unit for 30 minutes post manual pressure to mitigate bleeding risk.	
3. Once procedural care has ceased (after sheath pull procedure), patient <b>and</b> staff must remain in room with PPE for 15 minutes to mitigate risk, considering the proper air exchanges for the CCL.	
4. <b>All cases will be admitted to a COVID unit.</b> Appropriately cardiac trained RNs can be mobilized as needed to assist in the care of these patients.	
<b>4a. BMC:</b> All STEMI patients will be sent to an ICU level of care post-procedure. ICU rooms for STEMI/COVID+= rm 102	<b>If Rm 102 is occupied OR a second STEMI/COVID+ patient arrives, either patient will need to be transferred to NMC to be cohorted for COVID (+) critical care</b>
All patients	Assumptions
1. All staff should remain in PPE until patient is transferred to cart & mask/sheet applied to patient	
2. Remaining staff to move away from patient and doff with N95 removal as last step, upon exiting the lab	
3. Circulating RN & tech should perform hand hygiene over gloves	
4. Circulating RN & tech should clean patient cart	
5. Circulating RN & tech should perform doffing procedure	
6. Sheath pull team should don appropriate PPE as describe in the transport protocol and then transport patient to appropriate inpatient room <b>within COVID department.</b> Please refer to " <b>Guidance for Transporting Patients with or under investigation for COVID-19</b> " protocol to follow transport procedures	
Post-Procedure Cleaning for COVID-19	Assumptions
1. Due to airflow exchanges taken into account for CCL specific room, no downtime is required for vacancy. Notify Infection Control (ICE 402-888-4646) for all procedures for known or suspected COVID19 cases	
2. Sheath pull team to page EVS per usual and inform them of a COVID-19 clean required	EVS Staff informed of cleaning procedures for COVID-19 with correct cleaning solutions available.
3. All vertical and horizontal surfaces should be cleaned and allowed to dry completely prior to next case	Oxivir & Defender agents will suffice
4. Utilize other PCI room if available for next STEMI if above steps cannot be completed in PCI2	
<b>BMC:</b> Utilize cath lab room 2, if available, for next STEMI if cath lab room 1 is unavailable	