

GA Caesarean Section Guide for suspected or confirmed COVID mothers

Prepare team

Confirm Case Urgency

PPE to include FFP3 mask for all T2 theatre staff

Airway Roles

1st Anaesthetist
(intubator)

- most experienced
- wear 2 pairs of gloves

2nd Anaesthetist
(drugs & monitor)

ODP

(cricoid pressure & equipment)
- wear 2 pairs of gloves

Other Team

Midwife
Obstetrics
Theatre scrub
Theatre runner
Neonatology
PPE monitor (outside)
Clean Runner*2
(outside)

WHO Checklist

Prepare equipment

Airway

Machine checked
Suction
- consider in-line ET tubes - 7 & 6mm
Bougie / Stylet
2 laryngoscopes
- CMAC (*standard blade*)
- Mac 4
2nd Gen SAD
Guedel
Self-inflating bag

Monitoring

SpO₂ / BP / ECG / ETCO₂

Drugs

Thiopentone 5 mg/kg
Rocuronium 1mg/kg
? opioid co-induction

Antibiotics
Vasopressors
Vagolytic
TXA

Uterotonics
AVOID carbopost in resp compromise

Sugammadex
(16mg/kg available in clean area)

Prepare patient

Large bore IV

IV fluid running

Optimal position

Airway assessment
Left lateral tilt
25 degrees head-up
Identify cricoid

Non-intubating team step away from patient

Preoxygenation

**NO HFNO / nasal spec
NO Water's circuit
ENSURE TIGHT SEAL**

O₂ 15l/min

Tight fitting facemask via circle system

3 mins or 8 vital capacity breaths

TARGET ETO₂ ≥ 90%

If patient desaturates during apnoea consider gentle 2-person facemask ventilation with guedel

REMEMBER - soiled airway equipment is HIGH RISK

Plan for difficulty

Strategy

**CONSIDER:
On intubation failure - can I wake patient up?**

Plan A

RSI - CMAC
or preferred laryngoscope

Plan B

SAD

Plan C

2-Person Facemask
- *Guedel airway*
- *Ensure tight seal*

Plan D

Front of Neck
Airway

Need help

CALL 2222

'Anaesthetic emergency team'

Ventilation Plan

DON'T ventilate

Connect HME filter
Inflate ETT cuff
Remove 2nd gloves
Ventilate

Determine ETT position without auscultation

use chest expansion & ETCO₂

Maintain Anaesthesia

Sevoflurane +/- N₂O
Titrate opioid

Ventilation

Aim O₂ Sats >94%
Tidal Volume: 6ml/kg ideal body weight
PEEP 5-10cmH₂O initially

Post-op Plan

Escalation

Patients with respiratory compromise

If PaO₂ ≤10kPa or SpO₂ ≤94% on FiO₂ 40% with PEEP 5cmH₂O

Discuss with ICU consultant (bleep 5490)

Review Obs ICU stabilisation guide

Extubation

Take your time – HIGH risk of aerosol contamination

Reduce theatre staff to minimum

Reduce vomiting risk

- Give high dose antiemetics
- N₂O washout

Pre-extubation suction if in-line suction used

Recover patient in theatre until awake

NOTES:

ODP in-line Suction connected as standard

ETT tubes with subglottic port ??as standard

Standard iGel = size 4?

GA drug box (sux to roc)