

Guidance issued for perioperative management of COVID-19 patients

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(HealthDay)—In a guideline issued by the Joint Task Force of the

Chinese Society of Anesthesiology and the Chinese Association of Anesthesiologists, published online March 19 in *Anesthesiology*, recommendations are presented for the perioperative management of patients infected with the new coronavirus disease (COVID-19).

Xiangdong Chen, M.D., Ph.D., and colleagues from the Chinese Society of Anesthesiology and the Chinese Association of Anesthesiologists, provide anesthesiologists and other [health care workers](#) with guidance for optimal care of their patients as well as for protecting patients, health care workers, and the public from becoming infected with COVID-19.

The authors note that health care workers should receive systemic training on in-hospital infection control and should implement prevention protocol as well as isolation and protective measures. In the perioperative setting, health care workers should use personal protective equipment. Patients should enter the consulting room one by one for anesthesia preoperative evaluation; body temperature should be measured before entering. Nonemergency surgical procedures should be canceled or postponed if COVID-19 is suspected or confirmed; patients should be transferred to a dedicated operating room in cases of urgent or emergency procedures. The dedicated operating room should be equipped with a negative pressure system. A dedicated anesthesia machine is required; there is a lack of consensus on procedures for disinfection before use for noninfected patients. General anesthesia is recommended to reduce the risk for patients coughing and bucking; spinal anesthesia is recommended for cesarean delivery in a mother with COVID-19, but the mother must wear a surgical or N-95 mask.

"Adoption of these recommendations outside of China must be done with caution, and the [local environment](#), culture, uniqueness of the health care system, and patients' needs should be considered," the authors write.

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