



MASSACHUSETTS GENERAL HOSPITAL

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MGH Guidelines for Performance of Tracheostomies during the COVID-19 Pandemic

For COVID-19 positive patients:

1. Tracheotomy may be considered in patients with prolonged intubation, defined as greater than 14 days, who would be expected to have meaningful recovery.
2. A multidisciplinary discussion should occur between the ICU team and the tracheostomy team about the risks vs. benefits, the patient's goals of care and the patient's prognosis, before a tracheostomy is performed.
3. Team members in the room should be kept to the minimal critical number, and preferably with highly experienced personnel.
4. Everyone in the room should be in full PPE, including N95 (PAPR in situations when an individual is unable to use N95), with proper donning and doffing technique.
5. The patient should receive neuromuscular blockade agents to minimize cough reflex.
6. Bronchoscopic guidance is acceptable. In select cases, the team carrying out the procedure may decide to avoid bronchoscopy or perform an open procedure.
7. Ventilation should be held, if tolerated by the patient, from the time of intended entry to the trachea to the time of inflating the cuff of the newly placed tracheostomy tube.
8. Prioritization for performing the procedure in an AIIR will be based on Partners Policy. Guidance on need for AIIR can be provided by Infection Control: priority goes first to COVID-19 confirmed, then to CoV-Risk and third to CoV-Exposed patients.

For all CoV-Risk, CoV-Exposed, and other viral respiratory illness patients:

A tracheostomy can be performed prior to 14 days once the patient has been ruled out by the Biothreats MD for COVID-19. Per Partners Policy on Use of Airborne Infection Isolation Rooms or Standard Rooms for Aerosol-Generating Procedures, Enhanced Respiratory Isolation will be implemented during the procedure and for the time required for room airing afterwards. Patients who are otherwise on Standard Precautions or other isolation precautions (i.e. Contact Isolation for MDROs) will return to their prior status following the procedure

Emergency Surgical Airway



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1. The ED or Anesthesia team will alert the surgical team for a potential surgical airway as early as possible to allow adequate preparation and providers' protection.
2. All surgical airways will be strictly performed in full PPE, including N95, regardless of the level of urgency.
3. Both cricothyroidotomies or tracheostomies are acceptable. When possible, the latter is preferred to avoid the need for additional procedures and consequently additional exposure.

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