

Duke Health Pre-operative and Pre-Procedural Guidelines for COVID-19 Testing

The purpose of this document is to outline the Duke Health recommendations for the use of testing for surgical and non-surgical procedures.

Procedures Included:

The following recommendations apply to all Duke Health patients > 3 days old undergoing the following procedures: *bronchoscopy, transesophageal echocardiography, electrical cardioversion, electrophysiology procedures requiring general anesthesia, electroconvulsive therapy, upper and lower endoscopy, fluoroscopically guided enteric tube placements, and interventional radiology procedures requiring anesthesia.*

Key updates:

- 1. Combined pre-operative and pre-procedural testing guidelines to standardize workflows.**
- 2. Removal of the \geq or $<$ 14-day duration of hospital stay re-testing differences based on changes in local epidemiology.**
- 3. Discontinuation of the test-based strategy to “clear” patients for procedures following COVID-19 infection for the 90 days following the first positive test in accordance with new guidance for [discontinuing Special Airborne Contact isolation](#).**

Testing Recommendations:

- 1. Patients who have never been tested for COVID-19 or who have never tested positive for COVID-19:**
 - a. Obtain a single pre-operative/pre-procedural COVID-19 test within 3 days prior to the procedure.
- 2. Patients who have previously tested positive for COVID-19:**
 - **Patients with COVID-19 more than 90 days before the procedure:**
 - Patients who tested positive for COVID-19 more than 90 days prior to the planned procedure should have a standard, single pre-operative screening test.
 - **Patients with COVID-19 within 90 days of the procedure**
 - Patients with a history of COVID-19 within 90 days of the planned procedure no longer require two negative tests to undergo the procedure without the need for Special Airborne Contact isolation. Patients can be cleared based on the symptom-based strategy for discontinuing Special Airborne Contact isolation.

Testing Logistics:

Outpatients:

The PASS clinic or the provider must place the following order for patients undergoing procedures:
CORONAVIRUS (COVID-19) SARS-COV-2 PCR PREOPERATIVE SCREEN [LAB9990]

For adult patients, the provider calls 919-620-1294 (please do not share this number with patients) to schedule drive-thru testing no more than 3 days prior to the scheduled procedure*, reminding patients to stay home/avoid exposure as much as possible between the test and the procedure.

- Durham Co. – request Duke Family Medicine Erwin Road
- Wake Co. – request Duke Raleigh drive thru
- NOTE: the drive-thru test sites are open 7 days a week

For pediatric patients, the provider calls 919-620-3400 (please do not share this number with patients) to schedule drive-thru testing no more than 3 days prior to the scheduled procedure*, reminding patients to stay home/avoid exposure as much as possible between the test and the procedure.

- Duke Peds at Roxboro Street
- NOTE: This location is open M-F only

*If the patient has had a negative COVID test within 3 days, the test should not be repeated unless there are clinical concerns for COVID infection (new onset fever, shortness of breath, cough, worsening respiratory status that is unexplained).

Inpatients - Elective Procedures:

Asymptomatic Hospitalized Patients: Although infrequent, cases of hospital-onset COVID-19 have occurred. As a result, guidance has been updated to reflect care for all hospitalized patients and the \geq or $<$ 14-day distinction has been removed.

Testing: A pre-procedural test (**CORONAVIRUS (COVID-19) SARS-COV-2 PCR PREOPERATIVE SCREEN [LAB9990]**) should be performed **within 3 days** prior to the procedure.

Inpatients – Emergency Procedures, COVID PUI, or active COVID infection:

Testing: If no test can be performed, case should not be delayed and may proceed using special airborne contact isolation precautions

Symptom-based Strategy

Special airborne contact isolation can safely be discontinued when the following criteria are met. If the patient never had a fever or other symptoms (as is the case with asymptomatic patients), they automatically fulfill criteria A4, A5, B3 and B4. Patients should be placed into category A or B.

- A. 10-day criteria for discontinuing Special Airborne Contact isolation:** Applies to “immunocompetent” patients who are asymptomatic or have mild, or moderate illness

Criteria	Met?
1. Patient was never hospitalized, or if hospitalized, was hospitalized at DUHS, required <6L oxygen during their illness AND did not require ICU care for COVID-19 infection	
2. Patient does not have a severe immunocompromising condition*	
3. At least 10 days have passed since the date of the positive test	
4. At least 24 hours have passed since last fever without fever-reducing medications	
5. Symptoms (e.g., cough, shortness of breath) have improved	

If all the above criteria are met, special airborne contact isolation can be safely discontinued for this patient population.

- B. 20-day criteria for discontinuing Special Airborne Contact isolation:** Applies to severely immunocompromised patients or pregnant patients with any level of disease (including asymptomatic infection), or an immunocompetent patient with severe or critical illness

Criteria	Met?
1. Patient was hospitalized outside of DUHS, required \geq 6L oxygen during their illness, required ICU care for COVID-19 infection, OR is severely immunocompromised OR pregnant	
2. At least 20 days have passed since the date of the positive test	
3. At least 24 hours have passed since last fever without fever-reducing medications	
4. Symptoms (e.g., cough, shortness of breath) have improved	

If all the above criteria are met, special airborne contact isolation can be safely discontinued for this patient population.

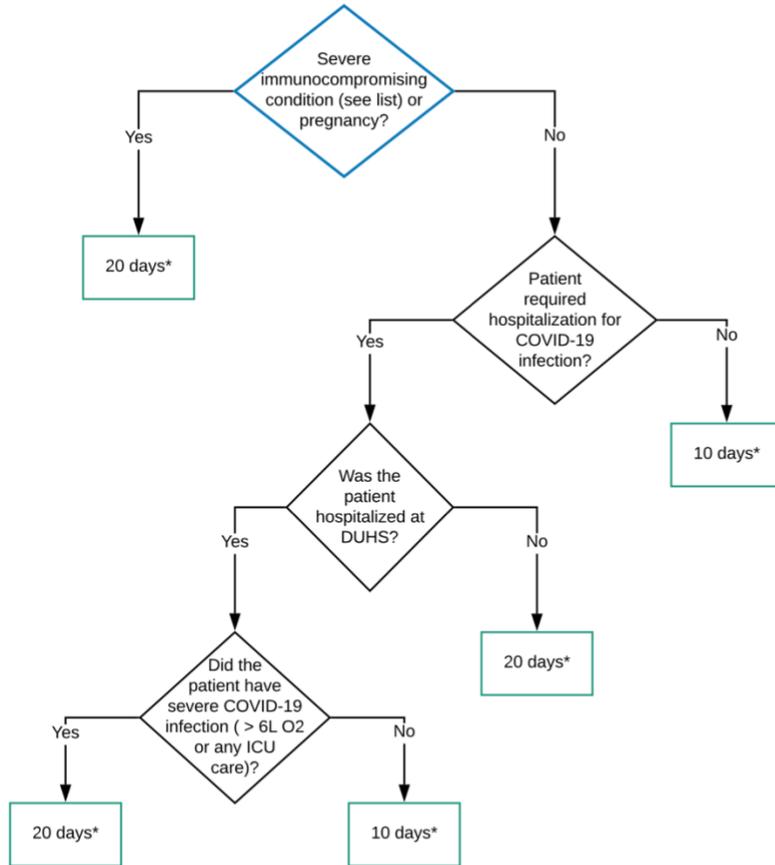
Note: In patients with multiple diseases processes, criteria A4, A5, B3 and B4 are intended to reflect COVID-related symptoms only. Therefore, patients who have a fever or other symptoms with a clear alternative diagnosis may still meet criteria to come off Special Airborne Contact precautions.

When COVID-19 Diagnosis was presumed based on Clinical Presentation, but COVID-19 PCR Testing was NEGATIVE:

- Patients who have previously tested negative for COVID-19 but were presumed positive based on clinical presentation must meet the same symptom-based criteria outlined above for proceeding without requiring Special Airborne Contact isolation.

Patients who meet the above criteria may proceed with operation or procedure per the standard “non-COVID” protocol. Patients who do not meet the above criteria should either have their procedure delayed until the criteria are met or undergo the operation or procedure following the protocol for patients with Suspected or Confirmed COVID-19.

Discontinuing SAC



- Severe Immunocompromising Conditions:**
- Primary immunodeficiency
 - Active solid organ cancer on chemotherapy
 - Hematologic malignancy
 - Hematopoietic stem cell transplant recipient
 - Solid organ transplant recipient
 - Poorly controlled HIV (CD4 < 200)
 - Steroids >20mg per day for >2 week
 - Other immunosuppressive medications (e.g. infliximab, etc.)

*Earliest date of eligibility for discontinuing Special Airborne Contact isolation. Note, the date of the first positive test = Day 1. Patients must also be clinically improving and must be fever-free for at least 24 hours without fever-reducing medications.

Last updated
8/2/20