



COVID-19 Guidance for Regional Anesthesia Neuraxial Anesthesia and Peripheral Nerve Blocks



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Regional Anesthesia (RA) is preferred over General Anesthesia (GA) for patients with COVID-19 to reduce the need for aerosol-generating medical procedures.

Source: Practice Recommendations on Neuraxial Anesthesia and Peripheral Blocks during the COVID-19 Pandemic, Uppal V, Sondekoppam RV, Lobo CA, Kolli S, Kalagara HKP. www.asra.com/covid-19/raguidance

USE SAFE PRACTICES



- Don appropriate PPE before doing the procedure, take extra time to doff, and use an observer.
- RA procedures are not considered aerosol-generating:
 - The use of respirator masks is generally not considered necessary for the performance of RA but may be necessary if close contact with a patient for prolonged duration is needed.
 - Use respirator masks when available, but they should definitely be considered for surgical procedures with a significant risk of conversion to GA.
- All patients should wear a surgical mask to restrict droplet spread.
- Ensure the use of plastic covers to protect ultrasound equipment.

CHOOSE THE RIGHT PROCEDURES



- The use of RA is not contraindicated for COVID-19 positive patients.
- Prepare and pack the required drugs in a plastic bag.
- Use blocks that have minimum impact on respiratory function such as axillary or infraclavicular brachial plexus block.
- Risk-benefit should be considered for perineural adjuvants and continuous perineural catheters.
- Currently, no dose adjustment for RA is recommended.
- Use ultrasound guidance for peripheral nerve blocks.

BE VIGILANT



- RA should be thoroughly tested before proceeding with surgery to minimize the need for conversion to GA.
- Use minimal supplemental oxygen - enough to maintain saturation.
- Rule out thrombocytopenia before neuraxial procedures.
- Watch and be prepared for hypotension after neuraxial anesthesia.
- Postpone epidural blood patch if possible until recovery from acute infection.