



# Appendix G: Guidance for Patients with Tracheostomy with and without Ventilator

## Guidance for Patients with Tracheostomy with and without Ventilator During COVID-19 pandemic

### **Patients with tracheostomies with/without a ventilator may provide an exposure risk.**

This document is to provide guidance for staff regarding these patients to provide a safe environment while on CCHMC campuses.

- Positive pressure from a ventilator's open exhalation valve acts as an aerosol generating procedure (AGP) even with HEPA filter in place.
- Tracheal suctioning, tracheostomy changes, and other routine procedures may be aerosol generating.

### **WHO IS CONSIDERED LOW and HIGH RISK?**

- High Risk for AGP during routine care
  - Children with only a tracheostomy with increased respiratory symptoms, no COVID testing
  - Children with documented COVID exposure
- Low Risk for AGP during routine care
  - Children with tracheostomy at clinical baseline

### **WHO NEEDS TESTING FOR AMBULATORY VISITS?**

(including radiology, lab, and allied health)

- **Tracheostomy with ventilator patients**
  - Pre-testing is **required** prior to entering any CCHMC facility.
- **Tracheostomy Only patients with respiratory symptoms above baseline**
  - Pre-testing is **recommended** prior to entering any CCHMC facility.
- **Tracheostomy Only patients with a positive COVID exposure**
  - Pre-testing is **recommended** prior to entering any CCHMC facility.

### **WHO IS RESPONSIBLE FOR ORDERING TESTING?**

- **For ventilated patients**, the DE Care Management team is identifying patients daily and are coordinate testing.
  - Testing will be by drive-by testing if feasible or via Home Care testing if not (within Home Care service area)
  - Testing to occur up to 96 hours prior to visit
  - Provider should not need to monitor for results
  - Provider will be notified if the patient is positive



## **AMBULATORY SCREENING TOOLKIT FOR COVID-19**

### **Patient with respiratory symptoms who are suspected to have COVID-19**

- **For tracheostomy only patients**, providers are responsible for ordering testing.
  - To order COVID testing at an ambulatory site, order via COVID-19 panel in routine orders
  - To have Home Health Care (HHC) obtain COVID test, order via Smartsets in Epic

#### **FOR VENTILATED PATIENTS, WHAT IF TESTING IS NOT DONE PRIOR?**

- If ventilated patient is unable to be tested prior to visit (i.e. patient outside local area, cannot be contacted or refuse testing), provider will be notified
- Provider to determine if appointment may occur by telehealth
- If in-person visit must occur, then make plans to:
  - isolate patient in clinic
  - Obtain STAT testing (2-3-hour turnaround)
- Follow Guidelines for High Risk Aerosol-Generating Procedures & PPE (see COVID-19 webpage)

#### **HOW ARE TRACHEOSTOMY ONLY PATIENTS TO BE HANDLED IN CLINIC?**

- Determine if patient with tracheostomy is at baseline.
  - Pre-visit assessment by phone is recommended to help determine if COVID testing may be indicated.
  - At baseline - proceed with visit with normal PPE (mask, eye protection)
  - If NOT at baseline
    - Prior to clinic visit determine if visit is considered absolutely necessary and telehealth visit not appropriate - Obtain COVID testing
      - Ambulatory sites, HHC
    - At Clinic visit - place in room alone and proceed with appropriate PPE for high risk AGPs (N95 masks, Aii room if available, appropriate room turnover)

- All patient should be wearing a HME.



- Patient should NOT be wearing a Passy-Muir Valve (PMV) or Cap



- Family should follow suctioning recommendations if possible
  - Suctioning should occur in a closed room setting
  - Only essential people should be in room during suctioning



## **AMBULATORY SCREENING TOOLKIT FOR COVID-19**

### **Patient with respiratory symptoms who are suspected to have COVID-19**

#### **WHAT IF PATIENT NEEDS TO BE SEEN SAME DAY?**

- Ventilated patients should arrive 3 hours early to have STAT testing performed on C2.
  - If patient cannot obtain testing on C2, then consider rescheduling visit until a testing can be obtained. If patient needs to be evaluated, consider referring to ED.
  - Unless provider has been fit-tested for a N95 mask and has access to a negative pressure room, an unexpected ventilated patient without a negative COVID-19 test should not be seen in an outpatient clinic environment. An emergent visit should be sent to the ED with subspecialty consult after a stat result is obtained.
  - Tracheostomy only patients with increased symptoms should arrive early to obtain STAT testing in C2.
    - “In place” testing is available for patients presenting in clinic with increased symptoms. Conduct test in clinic (call lab if needed for test kit) and send to lab

#### **WHAT ELSE DO I NEED TO DO?**

- You may be contacted to coordinate or consolidate care to minimize the number of COVID-19 tests required (particularly for patients traveling long distance or lacking the ability to use the drive-by testing)
- Please be flexible with this scheduling process

#### **FOR QUESTIONS OR ISSUES?**

- If clinic does not have HMEs, call Charge RT at 513-354-0495
- If clinic staff have general questions about how to work with patient with tracheostomy, call ENT APRN at 513-967-6010 (cell) or 513-636-3448 (office)
- If support needed from ENT clinic regarding emergent tracheostomy needs, MD to MD communication recommended
- Consider transitioning visits where appropriate to telehealth (ahead of time)
- For general questions for these patient populations, please call Infection Control.