

COVID-Surgery Recommendations and Risk Calculator for Non-Emergency Surgery During the COVID-19 Pandemic

Key Recommendations:

1. Safe re introduction of surgery in the presence of community transmission of COVID-19 requires assessment of individual patient risk (PART 1) as well as health facility readiness (PART 2).
2. Surgery with co-existing COVID-19 infection poses an increased risk of morbidity and mortality and should be avoided for non-emergency surgery.
3. Pre-operative COVID-19 testing should ideally be performed on all patients scheduled for non-emergency surgery and surgery postponed if positive (for at least 14 days after last day of symptoms or from test if asymptomatic).
4. Where testing is not available or turnaround time is prohibitively long, patients with COVID-19 symptoms should be postponed for at least 14 days.
5. For patients recovered from COVID-19 (>14 days after last day of symptoms or from test if asymptomatic), assessment for COVID-19 sequelae is part of the risk evaluation. Routine repeat PCR testing is not recommended.
6. Risks of concomitant and nosocomial COVID infection should be discussed as part of the consent process

PART 1: Individual Patient Risk Score:

a) Patient Factors: Total _____ /30

| | | 1 | 3 | 5 | 10 |
|---|---|--|---|--|-----|
| 1 | Age | <40 | 41-60 | 61-70 | >70 |
| 2 | Diabetes | None | Yes, well controlled | Poorly controlled | |
| 3 | BMI | <30 | 31-40 | >40 | |
| 4 | ASA Category | 1-2 (Well/Mild systemic disease) | 3 (Severe systemic disease) | 4 (Systemic disease - threat to life) | |
| 5 | Functional capacity (Metabolic equivalents) | Engages in strenuous sporting activity (METS 10) | Climbs 2 flights of stairs/can jog (METS 4-9) | Walks on flat, light housework (METS <4) | |

b) Disease Factors: Total _____ /30

| | | 1 | 5 | 10 |
|---|-----------------------------------|---------------|---------------------------|----------------------------|
| 1 | Non operative Mx | Not available | Available, poorer outcome | Available, similar outcome |
| 2 | 2-week delay (impact on outcome) | Significant | Moderate | Minimal |
| 3 | 3-month delay (impact on outcome) | Significant | Moderately | Minimal |

c) Procedure Factors: Total: _____ /20

| | | 1 | 3 | 5 |
|---|-----------------------|----------------|----------------|---------------------|
| 1 | Operating Time | < 60 mins | 61 – 180mins | >180mins |
| 2 | Expected Post op care | General Ward | High Care Unit | Planned ICU post op |
| 3 | Type of Anaesthetic | Local/Regional | Possible GA | Planned GA |
| 4 | Ext length of Stay | <24 hrs | 1 – 3 days | >4 days |

Total Score a + b+ c = _____ (12-80) Patient Score to be plotted here - with Pandemic Score Guidance



PART 2: Facility Readiness – Pandemic Score

To be calculated weekly or monthly by designated hospital team

| | | 1 | 3 | 5 |
|---|---|-------------------------|--------------------------|------------------------------------|
| 1 | Community COVID-19 numbers | Decreasing over 2/52 | Plateau over 2/52 | Increasing over 2/52 |
| 2 | COVID Test Turn-around time | <48 hours | 2 – 3 days | >3 days |
| 3 | Reallocation of Hospital Beds and Staff for COVID | Minimal/no reallocation | Significant reallocation | Majority of beds/staff reallocated |
| 4 | PPE | Adequate supplies | Rationed | Limited or uncertain availability |

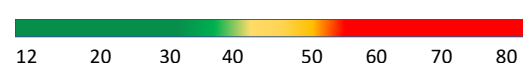
Pandemic Score: _____ /20

Guide for Pandemic Score (PS) Adjustment

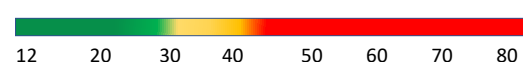
PS Score 4-9



PS Score 10 - 15



PS Score >15



This guide is a working document from the NDOH Technical Working Group on COVID-19 and Surgery and is in the process of validation.

Clinical judgement and informed consent remain critical to the decision to proceed with surgery during the COVID-19 Pandemic. V² 26 August 2020