Tiered Patient Triage Guidance for Adult Cardiac Surgery During the COVID19 Pandemic

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Abstract

In the setting of the current novel coronavirus pandemic, this document has been generated to provide guiding statements for the adult cardiac surgeon to consider in a rapidly evolving national landscape. Acknowledging the risk for a potentially prolonged need for cardiac surgery procedure deferral, we have created this proposed template for physicians and interdisciplinary teams to consider in protecting their patients, institution, and their highly specialized cardiac surgery team. In addition, recommendations on the transition from traditional in-person patient assessments and outpatient follow-up are provided. Lastly, we advocate that cardiac surgeons must continue to serve as leaders, experts, and relevant members of our medical community, shifting our role as necessary in this time of need.

Keywords: Surgery • Coronavirus • Cardiac • Cardiovascular

Introduction

The World Health Organisation has classified the novel coronavirus Severe Acute Respiratory Syndrome Coronavirus 2 (SARS CoV-2) or Coronavirus Disease 2019 (COVID-19) a global pandemic. More than 1,200,000 cases have been documented globally as of the drafting of this paper, including more than 320,000 in just the United States disease 2019 (COVID-19) a global pandemic disease 2019 (COVID-19) a global pandemic. More than 1,200,000 cases have been documented globally as of the drafting of this paper, including more than 320,000 in just the United States.1 Within the United States, there is a lot of regional variance, which is most acute in the densely populated northeast. It is unpredictable and difficult to forecast how much the hospital infrastructure would be needed to control the outbreak. Many states have mandatory quarantines in place, and according to the Centres for Disease Control and Prevention, some people should avoid close contact with others since they may be more susceptible to the pandemic's effects.

Providing cardiac patients with protection: As our facilities

Exposing cardiac patients to the hospital setting will result in a rise in the number of patients with suspected or confirmed COVID-19 their probable susceptibility to nosocomial infections. How COVID-19 acquisition will occur is unclear.

Protecting the institution and society at large

By reducing the number of cardiac surgeries, valuable resources will be preserved, enabling the use of intensive care unit beds, mechanical ventilators, extracorporeal membrane oxygenation circuitry, pharmaceuticals, personal protective equipment, and healthcare professionals with advanced training for the steadily increasing number of COVID-19 admissions.

Protecting the medical staff

Cardiac surgery requires a small, specialized team of specialists with specialized training, including cardiac operating room scrub and circulators, perfusionists, cardiac anesthesiologists, and perioperative cares. Utilizing these people for possibly unnecessary treatments could raise their risk of COVID-19 exposure, jeopardizing their availability for upcoming, more important surgeries. There is certainly a trade-off between the chance of patients with substantial cardiovascular illness developing a nosocomial COVID-19 infection and its effects and delaying their definitive therapy. There are numerous causes that can cause a heart surgery operation to be delayed. Because the advice to avoid close contact significantly lowers volunteer donation rates, blood products are in limited supply. Each heart surgery will inevitably need more and more of the limited resources (inpatient space, staff, personal protective equipment, etc.) that could delay or prohibit treating a patient with a COVID-19 infection sequela. Finally, patients who may be asymptomatic carriers are becoming more and more aware of the significance of protecting the medical staff from infections.

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