

COVID-19 ECT Workflow

Screening
<ul style="list-style-type: none">• An ECT clinic nurse will ask screening questions to patients before they enter the waiting room. Screening questions will be<ul style="list-style-type: none">○ Fever○ Cough○ Nasal congestion○ Runny nose○ Sore throat○ Known exposure to other people who are COVID positive• The anesthesiologist is empowered to cancel the patients if they have any of these symptoms. Screening can also be done over the phone by UCO.
Room Setup & PPE
<ul style="list-style-type: none">• There should be no more than 2 patients in the ECT area (separated as far away as possible) at any time.• Use disposable i-gels instead of bite blocks for the procedure.• Use HEPA filters between i-gels and Ambu bag.• Every bay will have a large plastic bag for disposing of contaminated items immediately after the procedure. All used airway equipment including i-gel, tongue depressor, suction tubing, suction tip, face mask and tubing will go to a separate trash bag immediately after use and will be disposed of.• Restrict the number of personnel in the ECT area to the bare minimum. Dr. Bloomingdale, anesthesia attending and nursing to decide who is essential.• All personnel treating patients will need Eye shields, N95 respirators, Gown and double gloves. N95 respirators can be reused if not misshapen or grossly contaminated.
Induction
<ul style="list-style-type: none">• Use the usual induction plan, place i-gel once patient is apneic, start PPV through i-gel.• Place bilateral bite blocks lateral to i-gel to reduce risk of dental injury during seizure.• Remove i-gel once treatment is done and patient starts breathing spontaneously. Place face mask on the patient during recovery.• Please remember to stick the suction tip into the paper bag it comes in immediately after each use until disposed of.• In rare cases of difficult i-gel placement, suggest sticking with PPV with tight fitting face mask. If intubating, please use McGrath.• Consider using Glycopyrrolate in patients known to develop excessive secretions with treatment.
Recovery
<ul style="list-style-type: none">• Only when the first patient has finished treatment and is stable should the next patient be walked into the clinic area. This would hopefully minimize aerosol risk to patients.• Patients should stay on O2 face mask (not nasal cannula) till they are ready for discharge. Face masks afford better protection.
Decontamination
<ul style="list-style-type: none">• Electrode decontamination between patients will be done by the ECT nurse.