## Standard Operating Procedure

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| **Modality: Body** Interventional Radiology (IR) | **Section Chief: Maureen Kohi, MD**  Phone: 415-353-1300 |
| **Locations:**  ML Hospital : **415-353-1300**  MB Hospital: **415-476-0266**  PCMB: **415-502-8439** | **Section Q&S Lead: Andrew Taylor, MD PhD** |
| **Date Approved:** |
| **Revision:** 1.4 |
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| **Title:** Body IR Bedside Procedure Workflow | |
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| **Applicable Patient Precautions/ Isolation Types:**   * **COVID positive patients / COVID PUI’s**    + **Novel Respiratory Isolation** **with Negative Pressure**= Airborne + contact precautions – N95 or PAPR, face shield/eye protection, gown, gloves   + **Respiratory Illness Evaluation without Negative Pressure** = Droplet + contact precautions - surgical mask, face shield/eye protection, gown, gloves * **NOTES:**   + **If Patient is PUI, strong consideration should be given to deferring procedure until COVID testing has been resulted. If this is not possible, proceed as below.**   + Given that these procedures may require respiratory support to a level that could result in aerosol generation intra-procedurally (i.e. HFNC), **Airborne + contact precautions to be used during any of these rare procedures**, to ensure provider protection and simplify choice of PPE. | |
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| **Procedure Supplies Checklist**   * Specific Procedure Kits   + Thora/Para set     - Biopsy kit     - Sterile towels     - Yueh catheters – 10cm straight and pigtail     - Vacuum bottles with tubing   + Abscess/Chest tube set     - Biopsy kit     - Sterile towels     - 19g x 7cm single wall needle     - Micropuncture set     - Yueh catheter – straight     - Short amplatz wire     - 12 French MPD     - Dilators – 8/10/12 Fr     - Suture     - Scissors     - Needle driver     - Suction bulb (integrated tubing)     - Mosquito clamp     - 4x4 gauze     - 6” Medipore tape * Ultrasound to be taken to floor – **Minimize number of probes taken to only what you will need**   + Gel   + Markers   + Wipes for sterilizing * Procedure table for room entry   + Plastic disposable covers for table * Cart for bedside procedures   + 2 Voalte phones   + Procedure kits detailed above   + Door signs to be placed on room during procedure   + Gloves – Sterile and non-sterile   + N95 and surgical masks   + Paper bags for N95 re-use   + Eyeshields   + Prep sticks (large)   + Sterile towel packs   + Lidocaine   + 25g needles   + 10cc syringes   + Tubes (drains) 8/10/12 French, MPD and DM   + Additional short and long Amplatz wires   + Needles (19g, micropuncture, Neff sets)   + Additional Needle drivers, scissors and mosquito clamps   + Suture   + US probe covers   + Snap covers   + Blue drape for procedure table   + Vance connectors   + Bulbs   + Pleurevacs | |
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| **Pre-Procedure Workflow:**   * **Procedure necessity and details to be confirmed with requesting team. Convey that bedside nurse will be expected to assist in room with this procedure. Explicitly clarify that bedside procedures cannot be done with nurse sedation or anesthesia.** * **These procedures should be performed late in the day/end of day if possible** * Obtain consent **via telephone** with patient or medical decision makers. * Identify team for procedure and huddle for tasks outlined below   + Primary operator (PO) – room entry, performs procedure   + Assistant (AS) – room entry, assists with procedure   + Circulator (CI) – outside room with main cart, provides support and manages supplies * Assemble materials including main procedure cart, in-room table and ultrasound. * Collect two charged Voalte phones for communication during procedure. **Do NOT use your personal phone for this step!** * **Talk through procedure plan** including specific plan for drains to use etc. * Technologist to pre-load patient and exam info into ultrasound | |
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| **Procedure Workflow:**   * Outside isolated area (patient room) – meet up with bedside nurse. * **PO, AS, CI and bedside RN review plan** * **Check batteries of both Voalte phones. AS logs into one, CI logs into the other. Ensure you are able to call each other.** * **Assure there is a large trash can outside room for discarding supplies/PPE** * Cover in-room procedure table * Transfer Voalte phone, procedure specific kit plus additional needed supplies to in-room procedure table * Ensure gel and US cover are with US * Don surgical cap/bouffant * PPE Donning – N95 mask, face shield, YELLOW gown, regular gloves - all personnel including CI - <https://infectioncontrol.ucsfmedicalcenter.org/covid/donning-and-doffing-novel-coronavirus-covid-19-videos> * PO, AS and bedside RN enter room with in-room procedure table and US. CI remains outside to monitor needs, keeping PPE on at all times. * Timeout/Procedure confirmation * Patient positioning, US of planned procedure site * PO steps to doorway - remove gloves, yellow gown. Discard. * PO performs hand hygiene at doorway. * PO dons sterile gown and gloves * Setup of sterile field and supplies – this includes sterile cover on Voalte if AS is scrubbing in. * AS steps to doorway – remove gloves, yellow gown. Discard. * AS performs hand hygiene at doorway. * AS dons sterile gown and gloves. * PO and AS perform procedure * Additional supply needs, if encountered, are communicated to CI via Voalte | |
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| **Post Procedure Workflow:**   * Dispose of sharps in room using standard sharps container * **Dispose of used sterile field, probe covers, equipment packaging and any unused equipment in room** * PO, AS and bedside RN dispose of gown and gloves in room at door. Hand hygiene at door. * Open door, exit room with equipment. Close door. * Perform hand hygiene * PO, AS and bedside RN remove goggles or face shield. **CI remains in PPE** * PO, AS and bedside RN perform Hand hygiene. * CI removes cover from procedure table **outside room. Immediate disposal** * CI removes US console cover **outside room. Immediate disposal.** * CI cleans US probes and console, wipes down procedure table. Allow 1 minute dry time. * CI removes gown and gloves * CI performs hand hygiene * CI removes face shield * CI performs hand hygiene * All remove N95 mask by carefully lifting off each strap. Place into suitable container with straps facing up as per N95 Re-use protocol. * [**UCSF Guidelines on PPE Re-Use**](https://infectioncontrol.ucsfmedicalcenter.org/sites/g/files/tkssra4681/f/Reuse_Guidelines_PPE.pdf) * Perform hand hygiene. * All remove cap and discard * Hand Hygiene * Return to IR with equipment cart, in room procedure table and ultrasound. * Wipe down equipment again * Debrief of what went well, what didn’t. Are additional supplies needed for next kit? * Contact Jordan/lead tech to request replacement of used kit * Team to change scrubs | |