## 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:** 1.1 |
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| **Title:** Body IR CT Procedure Workflow | |
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| **Applicable Patient Precautions Types:**   * **Image-guided interventions in COVID positive patients / COVID PUI’s**    + **Requires N95 + Faceshield or PAPR, yellow or sterile 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.** | |
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| **Pre-Procedure Workflow:**   * **Procedure necessity and details to be confirmed with requesting team. If patient is from ICU, convey that ICU nurse will be expected to assist in room with this procedure.** * **These procedures should be performed late in the day/end of day if possible** * **CT 2 is to be used for these procedures, in keeping with current Radiology policy.** * Obtain consent **via telephone** with patient or medical decision makers. * Identify team for procedure and huddle for tasks outlined below. Minimum team size is 4 (1 Primary Operator, 1 IR RN, 2 CT techs as described below)   + Primary operator (PO) –scrubbed, performs procedure   + Assistant (AS, if needed)–scrubbed, assists with procedure   + “Clean” CT Tech – In control room, runs CT scanner   + “Dirty” CT Tech – in procedure room, unscrubbed assistant   + IR RN – in procedure room, monitors patient, assists with medications and sedation.   + ICU RN (if applicable) – monitors patient, assists with medications and sedation   + Anesthesia staff (if applicable) – anesthesia and monitoring * Outside CT room, assemble needed materials (consider using Abscess/chest tube set from Bedside cart). **CT Cart to remain in hallway outside of CT2 control room.**   + CT techs to collect (if not part of abscess drain set):     - CT Grid, Sharpie     - Prep Stick     - Needle (19g, micropuncture, 18g x15 as needed)     - Amplatz wire (short or long)     - Required drain (get two of them)     - Dilators     - Standard CT tray     - Sterile saline for bowl     - Blue towels     - 2 medium tegaderms     - Sample receptacles (blacktop tubes)     - Vance connector     - Bulb     - Pleurevac   + Nurse to collect     - Sedation/analgesia medication     - Lidocaine     - Requested antibiotics     - Consider Zofran     - IV tubing     - Patient Monitor if not in room * **Talk through procedure plan** including specific plan for drains to use etc. * In-room CT technologist to assemble sterile procedure tray as per usual workflow, prior to patient arrival. * Position and confirm function of in-scanner CT monitor screen to allow MD’s to see images. * RN to place lidocaine in blue bowl * Cover tray with blue sterile cover. | |
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| **Procedure Workflow:**   * **Entire team to review plan prior to patient arrival** * **Assure there is a large trash can outside CT suite for discarding supplies/PPE** * **Assure there is a small table or mayo stand outside CT suite for placement of cleanable PPE.** * **Place a biohazard bag (for samples), cleaning wipes in hallway.** * **Assure there are containers (paper bags) for N95 re-use in hallway.** * All don PPE in CT control room – N95 mask, face shield, YELLOW gown, regular gloves - <https://infectioncontrol.ucsfmedicalcenter.org/covid/donning-and-doffing-novel-coronavirus-covid-19-videos>   + Put on lead if desired shoe covers, cap/bouffant   + Hand Hygiene   + Put on yellow gown, tie in the back   + Place N95 mask, ensure proper seal   + Put on lead glasses   + Don surgical mask and eye protection (face shield, goggles, or surgical mask with face shield)   + Hand hygiene   + Put on non-sterile gloves * PO, AS, In-room CT tech, RN enter room from control room. Clean CT tech remains in control room, keeping PPE on at all times. * **Room precautions:**   + **Door between CT scanner and control room must be closed. All personnel in both scanner room and control room to remain in N95 + faceshield or PAPR.** * Patient is received into room via side door (brought by transport or anesthesia). Side door is closed. * Patient is transferred to CT table. * Side door is opened, gurney leaves to hallway. Side door is closed again. * Timeout/Procedure confirmation * **Following timeout, all personnel who are not remaining in room for entire procedure (RT, possibly some anesthesia staff) must exit via side door (now or never!). Exiting personnel to follow “post procedure room exit” detailed below.** * Monitors attached to patient, standard sedation/anesthesia prep. * Grid placed on patient. * Clean CT tech scouts patient * **For all CT scanning, in-room personnel step close to sides of CT gantry to avoid radiation dose.** * Based on scout, initial image prescribing done by PO. * Clean CT tech scans patient with grid. * PO reviews images on scanner room screen, marks patient with sharpie. * PO (+/- AS) steps to prep sink - remove gloves, yellow gown. Discard. * PO(+/- AS) performs hand hygiene * PO (+/- AS) dons sterile gown and gloves * PO (+/- AS) and in-room tech prep patient * PO (and AS) perform procedure * If samples are collected, sample is collected in blacktop by RN. RN to label and immediately place in biohazard bag. | |
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| **Post Procedure Workflow:**   * Patient gurney enters room via side door * Transfer patient to gurney, patient leaves room to custody of transport service or anesthesia. * Dispose of sharps in room using standard sharps container * **Dispose of used sterile field, probe covers, equipment packaging and any unused equipment in room.** * In-Room team exit:   + Remove shoe covers, gown and gloves in room   + Perform hand hygiene.   + RN places new set of gloves on, picks up sample in bag for exit from room.   + Exit room to hallway via side door   + RN wipes sample (in bag) using cleaning wipes, cleans gloves with cleaning wipes, places sample and bag into **second** biohazard bag.   + RN removes gloves and discards.   + All perform hand hygiene   + All remove goggles or face shield, set aside on hallway table to be cleaned   + All remove surgical mask. Discard   + All perform Hand hygiene.   + Re-don nonsterile gloves   + Wipe down lead, remove lead   + Discard gloves   + Hand Hygiene * Control Room team exit:   + Remove shoe covers, gown and gloves in Control Room   + Perform hand hygiene   + Exit room to hallway via control room door.   + Perform hand hygiene   + Join in-room team in hallway near CT suite side door.   + Remove goggles or face shield, set aside on hallway table to be cleaned.   + Remove surgical mask. Discard   + Perform Hand hygiene. * Both teams:   + Remove N95 mask by carefully lifting off each strap. Place into suitable container (paper bag) 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)   + Remove Cap   + Perform hand hygiene. * Room and control room to remain closed for 1 hour, then terminal clean using standard PPE. * Return to IR * Debrief of what went well, what didn’t. Are additional supplies needed for next procedure? * Contact Jordan/lead tech to request replacement of used kit or supplies from CT cart. * Team to change scrubs | |