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	Engages in strenuous	Climbs 2 flights of stairs/can	Walks on flat, light	
	(Metabolic equivalents)	sporting activity (METS 10)	jog (METS 4-9)	housework (METS <4)	

b) <u>Disease Factors: Total</u> /30

c) Procedure Factors: Total: /20

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

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

Total Score a + b+ c =

(12-80) Patient Score to be plotted here - with Pandemic Score Guidance

12 Proceed ← Team Review ← 80

PART 2: Facility Readiness - Pandemic Score

To be calculated weekly or monthly by designated hospital team

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

 Guide for Pandemic Score (PS) Adjustment

 PS Score 4-9

 12
 20
 30
 40
 50
 60
 70
 80

 PS Score 10 - 15

 12
 20
 30
 40
 50
 60
 70
 80

 PS Score >15

 12
 20
 30
 40
 50
 60
 70
 80

Pandemic Score: /20