

Regional anaesthesia is preferred over general anaesthesia for patients with suspected or confirmed COVID-19 infection as it reduces the need for aerosol-generating procedures

USE SAFE PRACTICES

- Don appropriate personal protective equipment before doing the procedure, take extra time to doff and use an observer.
- Regional anaesthesia procedures are not considered aerosol-generating:
 - Droplet and contact precautions should be utilised as a minimum
 - The use of a respirator mask (N95 or FFP2/3 mask) is generally not considered necessary but may be necessary if close contact with a patient is needed.
 - Use respirator masks in settings where there is a high risk of conversion to general anaesthesia
- All patients should wear a surgical facemask to restrict droplet spread.
- Ensure the use of disposable plastic covers to protect ultrasound equipment.

CHOOSE THE RIGHT PROCEDURES

- Regional anaesthesia is not contraindicated in COVID-19 patients.
- Prepare and pack the required drugs in a plastic bag.
- Consider blocks that have minimum impact on respiratory function, such as axillary or infraclavicular brachial plexus block.
- Risk-benefit should be considered for perineural adjuvants and continuous perineural catheters.
- Currently no dose adjustment for regional anaesthesia is recommended.
- Use ultrasound guidance for peripheral nerve blocks.

BE VIGILANT

- Regional anaesthesia should be thoroughly tested before proceeding with surgery to minimise the need for conversion to general anaesthesia
- Use minimal supplemental oxygen to maintain acceptable arterial oxygen saturations.
- Rule out thrombocytopenia before neuraxial procedures.
- Watch and be prepared to treat hypotension after neuraxial anaesthesia.
- Epidural blood patch may be performed when conservative measures fail and if the headache is severe and debilitating.