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## I. INTRODUCTION

The latest iteration (GL-ICP-011) of the Interim Guidance in the Rational Use of Rapid RT-PCR and Rapid Antibody Test Kits by the Philippine Heart Center Incident Command Post (ICP) provides us with a general instruction towards utilization of these tests in screening different subset of patients.

The Department of Surgery and Anesthesia Management Committee (DSA MANCOM) in consultation with the Hospital Infection Committee Unit (HICU) is therefore recommending a series of algorithms to help guide clinicians screen their patients and provide their course of action in relation to scheduling their patients for an elective cardiovascular procedure based on the outcome of their RT-PCR tests. An algorithm for screening patient's accompanying relative as well as the health care personnel (i.e. surgical team) is also provided in this document.

## II. STATEMENT OF THE GUIDELINE

This shall serve as a guide in the process of screening patients undergoing Cardiovascular Surgery Procedures in this COVID-19 Pandemic.


## III. GUIDELINES

### A. Screening of Patients for Elective Cardiovascular Procedures

**Recommendation 1:** The rapid, real-time RT-PCR *Xpert Xpress SARS-CoV-2* test of the Philippine Heart Center utilizing the recently acquired GeneXpert system shall be the preferred platform for RT-PCR testing for patients being scheduled for elective CV surgery.

Other instances where it may be also be considered include: (1) in-hospital patients requiring emergent or urgent surgical procedures, (2) patients from other healthcare institutions requiring surgery who are referred for transfer to PHC (3) those patients who are unable to undergo testing elsewhere due to lack of access to a DOH-



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approved testing site or patient's condition precludes them from undergoing the test initially.


Ideally, RT-PCR should be done (with its result available) as close as possible to the date of the procedure. The test shall remain valid within the prescribed period of 1 week and provided that patients avoid potential exposure to Covid (+) patients (e.g., patient remain in home quarantine) after taking the test and obtaining its result.

This is in congruent with the recommendation from PHC ICP (GL-ICP-011) Guidelines #2 and #3 as stated below:

**Guideline #2:** *"Patients who will undergo Elective Cardiovascular Surgeries, Electrophysiologic studies/RF ablation, Invasive Radiological and Cardiac Catheterization procedures shall have a negative GeneXpert Test within 1 week prior to procedure. Only Philippine Heart Center GeneXpert test shall be accepted. Existing policies for GeneXpert testing shall be followed."*

**Guideline #3:** *Patients who will undergo Emergency Cardiovascular Surgeries or Cardiac Catheterization procedures shall undergo GeneXpert test for COVID. The intention is to determine where the patient shall be admitted.*

- 3.1 *The Attending Physician shall order GeneXpert tests.*
- 3.2 *The cost of these tests shall be included in the bill of the patient undergoing cardiovascular surgery or cardiac catheterization procedure.*
- 3.3 *Once available, the result of these tests be forwarded immediately to the ER/CV Lab/Ward for proper disposition.*
- 3.4 *Private patients who request additional Serologic Antibody Test for their watcher will be charged accordingly.*
- 3.5 *Serologic test for COVID and COVID GeneXpert testing shall be done prior to wheeling-in to CV Lab or OR.*

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**Recommendation 2:** Nasopharyngeal swabs (NPS) result is preferred over oropharyngeal swabs (OPS) result due to its higher sensitivity however, instances where NPS kits is in short supply or unavailable OPS results shall also be considered.

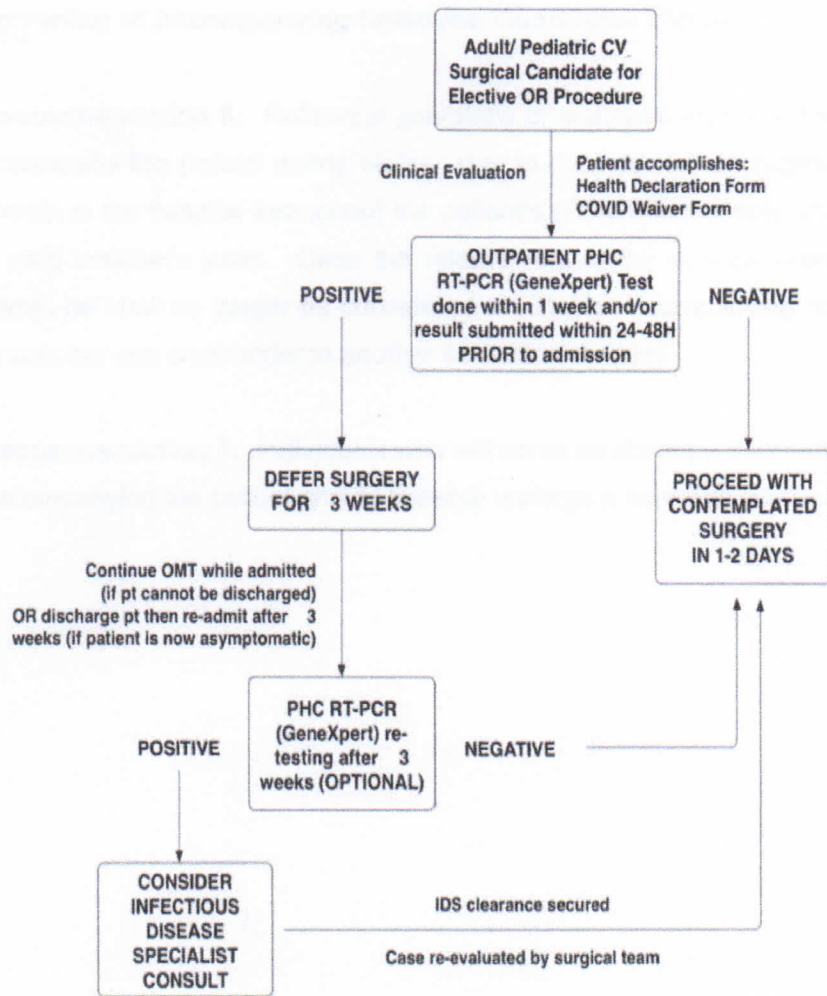
**Recommendation 3:** All health care personnel are advised to adopt an abundance of caution particularly, in dealing with those patients cleared for surgery and who are otherwise IgM positive while at the same time RT-PCR negative. Wearing appropriate personal protective equipment is highly suggested for the entire surgical team.

**Recommendation 4:** In situations where the validity period of the RT-PCR has lapsed (>1 week) due to any unforeseen delays but patient remains admitted in the hospital, clearance from the Infection Control service should be sought. Alternatively, a repeat GeneXpert Test may be carried out to update patient's Covid status.

**Recommendation 5:** Request for the *Xpert Xpress SARS-CoV-2* test can be availed at the Department of Surgery and Anesthesia secretariat.


**Fig. 1. Screening Patients Undergoing, Elective Cardiovascular Procedures**

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**Fig. 1. Screening Patients Undergoing Elective Cardiovascular Procedures**




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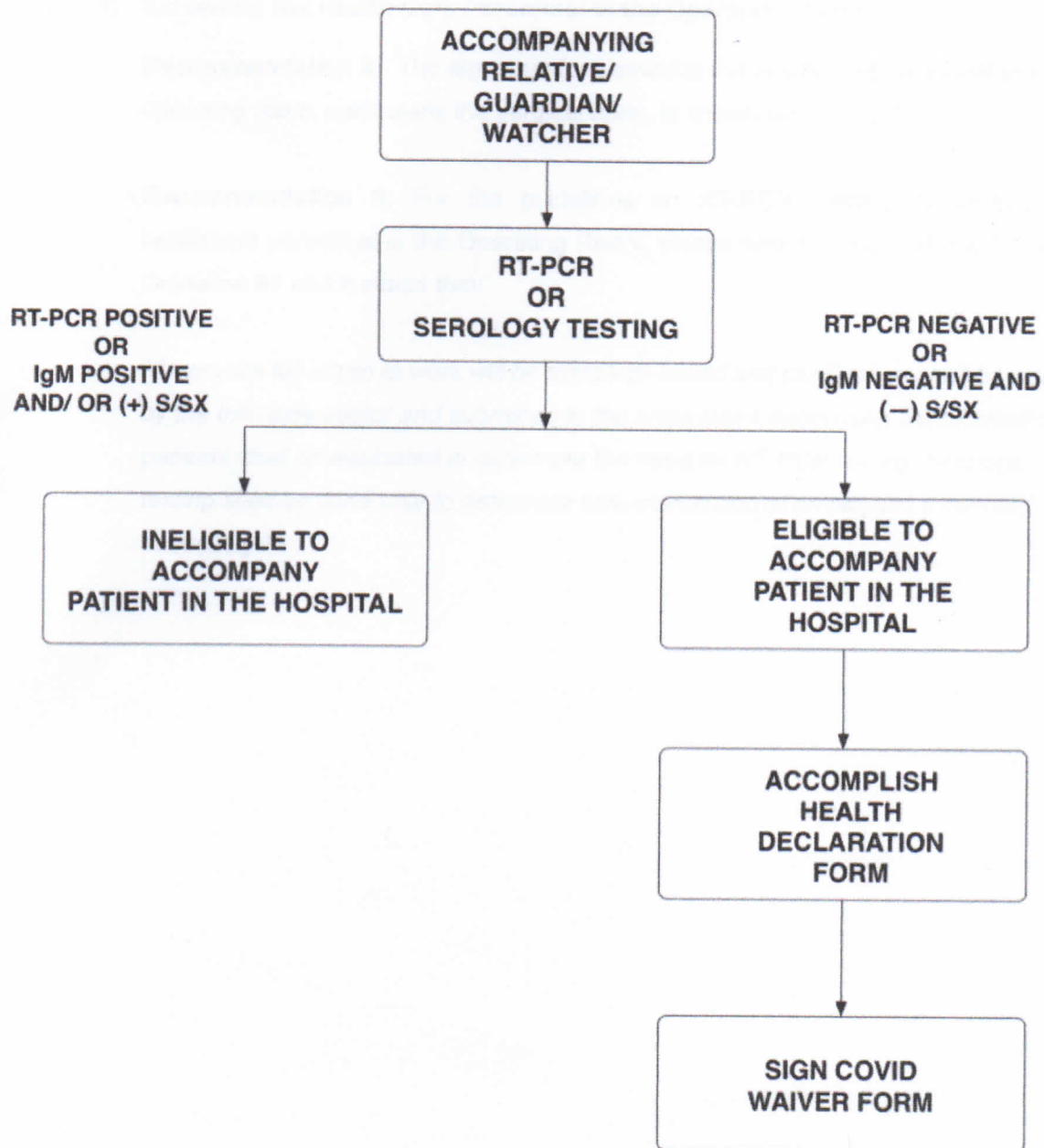
### B. Screening of Accompanying Relatives/ Guardians/ Watcher

**Recommendation 6:** Relatives/ guardians or watchers who are deemed eligible to accompany the patient during his/her stay in the hospital are highly encouraged to remain in the hospital throughout the patient's entire hospital stay and shall be given a valid watcher's pass. Once the relative leaves the hospital premises and goes home, he shall no longer be considered a suitable accompanying relative/ guardian or watcher and shall undergo another screening process.


**Recommendation 7:** Individuals who will serve as alternate substitutes in accompanying the patient should likewise undergo a separate screening process.

Fig. 2. Screening of Accompanying Relatives for Patients Undergoing Elective Cardiovascular Procedures

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**Fig. 2. Screening of Accompanying Relative for Patients Undergoing Elective Cardiovascular Procedures**

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**C. Screening the Health Care Personnel in the Operating Room**


**Recommendation 8:** The algorithm for screening the health care personnel in the operating room, particularly the surgical team, is shown below (Fig. 3).

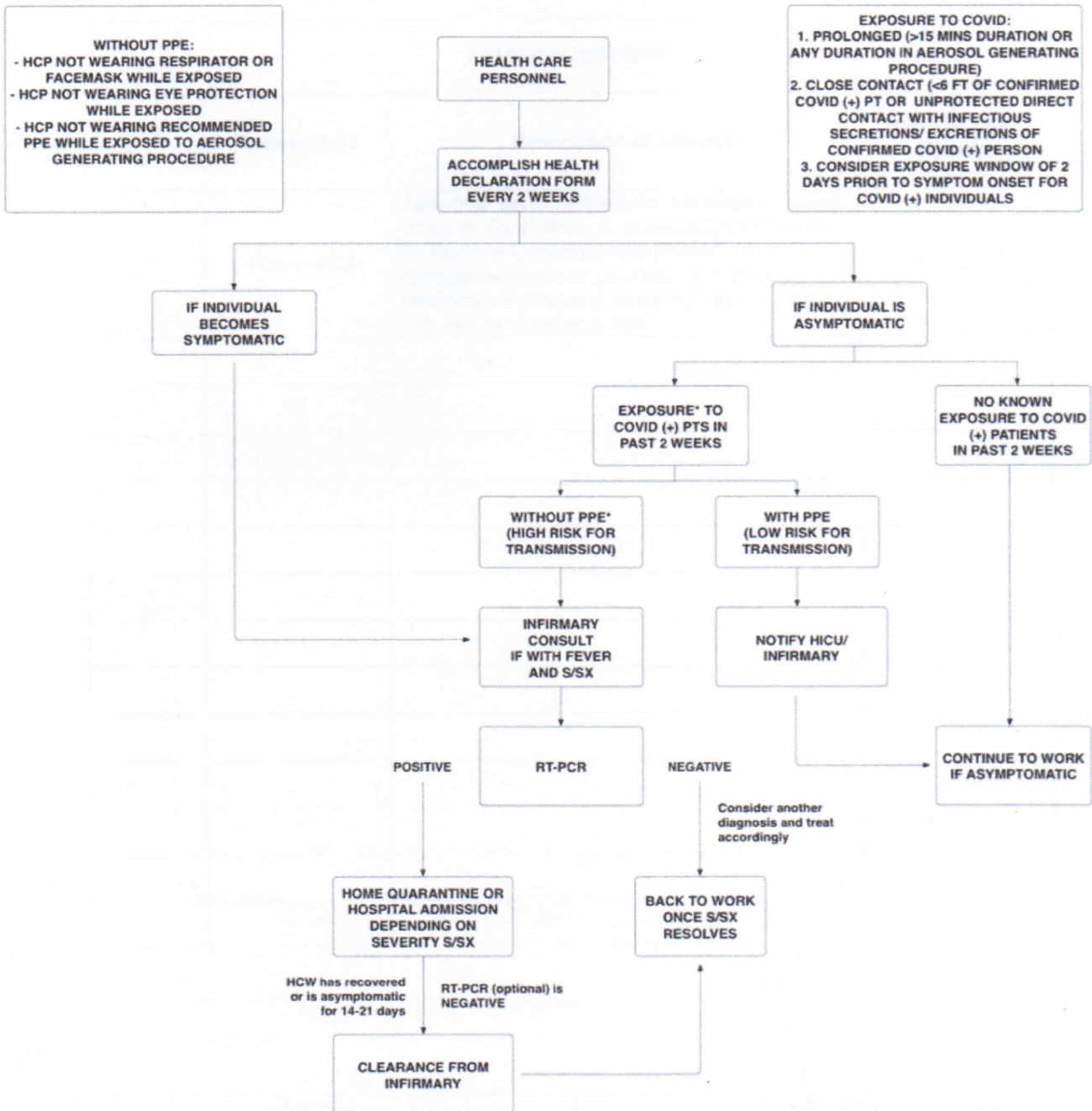
**Recommendation 9:** For the guidelines on RT-PCR Testing of symptomatic healthcare personnel in the Operating Room, please refer to PHC ICP (GL-ICP-011) Guideline #1 which states that:

*“Clearance for return to work will be symptom-based and certification shall be issued by the Infirmary doctor and submitted to the employee’s supervisor. Symptomatic patients shall be evaluated to determine the need for RT PCR testing. Serologic testing shall be done only to determine sero-conversion of employees if deemed necessary.”*

Fig. 3 Screening of Health Care Personnel



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**Fig. 3 Screening of Health Care Personnel**