

## **Practices to minimize aerosolizing procedures for patients on droplet precautions.**

### **Goal –**

Identify devices or practices that result in changing patient's precautions from droplet to airborne. Provide guidance to minimize aerosolized procedures to clarify when to use airborne precautions.

Devices that increase aerosolization and require airborne precautions (must wear N95 masks ):

- Ventilated patients –
  - require airborne precautions at all times
- NIV devices(BIPAP, CPAP, VPAP)
  - Require airborne precautions while patient is using NIV devices.  
(NOC CPAP will only need airborne precautions at night while wearing device.

\*\* Patients on rule out and confirmed COVID-19 should not be placed on NIV\*\*\*\*

- HFG (mask and nasal cannula)
  - Require airborne precautions at all times.
- Hand held nebulizers (HHN)-
  - Require airborne precautions while patient is using HHN.
  - Consider MDI or Respimat if able so patient can remain in droplet precautions. (e.g: Albuterol and Atrovent)
    - Other medications that do not have MDI equivalent (ie antibiotics, antifungals and hypertonic ) should be assessed on a case by case basis. Physician should consider risk vs benefits.
- Aerosol Trach Collars
  - Require airborne precautions.

Other considerations to minimize airborne precautions:

- Patients with COPD should be changed to MDI while hospitalized unless have an altered mental status, dementia, etc.
- RT and Pharmacy
  - RT and RN staff will review all patients that are currently prescribed HHN and if patient is in droplet isolation they will request order to be changed to MDI.
  - If Pharmacy identifies patients ordered HHN, will work either RT or provider to provide MDI recommendations.
  - Medications that require HHN will need to remain in airborne precautions.
- BHP is a procedure that encourages secretion production. Patients on droplet precautions for which BHP will be performed will require airborne precautions.

- Consider use of acapella or aerobika devices instead of manual percussion. Encourage and instruct patients to do on their own.
  - If patient is unable to perform procedure due to mental status, dementia, etc. physician should consider risk vs benefits.
- Intubated patients if available use bed percussion.

**Note:**

Patients that are on rule out or COVID-19 positive if it is likely that a patient cannot be “rescued” by high flow or NIV will be recommended to intubate. NIV increases risk to healthcare workers compared to a vented patient.