



Cardiac Catheterization Lab Considerations for COVID 19 Pandemic

Based off Government of NL, Eastern Health, and CCS recommendations we are implementing a few key points:

1. Downsizing case volumes. We have deferred all elective cases. Currently, we are performing only inpatient procedures. If you feel you have a patient that has been deferred, but is urgent, please contact the cardiologist on call. As things evolve, we will be re-evaluating the need to do urgent outpatient procedures on patients at high risk for cardiac events.
2. From our limited data it has been suggested in patients with known COVID 19 and NSTEMI conservative therapy may be sufficient. If the patient is not having recurrent ischemia or hemodynamic instability from cardiac causes, we recommend deferral of invasive management.
3. If a stable NSTEMI patient is swabbed for ILI/COVID 19, waiting for confirmation on COVID 19 status is appropriate before deciding on invasive vs conservative strategy.
4. Patients with cardiovascular disease are at higher risk of poor outcome if they are infected with COVID 19 virus. Subsequently, during the pandemic, in patients admitted with NSTEMI who are low risk and symptom free, conservative management with future outpatient non-invasive risk assessment could be considered. Type 2 MI (from demand) should also be considered for conservative therapy with outpatient non-invasive risk assessment.
5. Due to the infectious risks of transporting patients to the CV Lab, some procedures typically performed in the CV Lab should be considered to be done at the bedside in patients with known or highly suspicious for COVID 19. Examples include PA catheter and IABP placement.

Local case burden and recommendations are subject to change and we will reassess our approach in response to this information.

Sincerely,

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