



Philippine Orthopaedic Association, Inc.

A Surgical Specialty Society recognized by the Philippine College of Surgeons and the Philippine Medical Association

April 4, 2020

Philippine Orthopaedic Association COVID 19 Guidelines for Fellows

The POA remains to be the national organization of board certified Orthopedic Surgeons in the country. In this time of COVID19 pandemic, the POA recognizes the need for its fellows to function beyond the usual scope of orthopedic practice, remaining first and foremost a responsible and capable practicing physician.

Should the need and situation arise however, that our fellows are called to perform urgent or emergent orthopedic surgery, the POA remains cognizant of its being a strong affiliate society of the Philippine College of Surgeons. The PCS Guidelines on the conduct of emergent surgeries during these trying times are fully supported and advocated by the POA (see attached PCS guidelines March 22, 2020). In addition to the guidelines stipulated by the PCS, the POA suggests the following conditions to be considered for emergent orthopedic intervention, granting full availability of resources.

1. Unstable pelvic fractures with persistent hemodynamic instability
2. Open type 2 and 3 long bone fractures
3. Septic joints and open joint injuries
4. Spine cases needing immediate decompression (neurologic deterioration of sudden onset, cauda equina syndrome) and/or stabilization
5. Compartment syndrome
6. Degloving injuries
7. Diabetic Feet with concomitant sepsis
8. Musculoskeletal tumor bleed & other vascular injuries

Cases which are not life or limb threatening but needing early care to prevent major complications may be classified as urgent in nature and may need to be considered on a case to case basis. Recommendations from POA Subspecialty Societies will be forthcoming.

All cases identified for surgery should follow PCS guidelines for preoperative, intraoperative and postoperative management including equipment preparation, manpower delegation, postoperative transfers and facilitation of early discharge within 48 to 72 hours.

The POA also reiterates its concern for its fellows' sustained safety, and as such, recommends an institution-based systematic decking of duties, allowing for the longest possible amount of time between duties for those concerned, be they at the ER or in the Operating Theaters.

Approved by,

PAUL RUEL C. CAMIÑA, MD., FPOA

President

PRCC/ccr