



**PHILIPPINE ACADEMY OF
LARYNGOBRONCHESOPHAGOLOGY AND PHONiatrics**
A Subspecialty Group of the **Philippine Society of Otolaryngology- Head & Neck Surgery**



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As of now, we should consider EVERY PATIENT with an upper or lower respiratory tract infection to be POSITIVE for COVID-19 when we encounter them.

If ever we are asked to do a PLANNED tracheostomy for a patient, the COVID-19 status of the patient should be known for certain. The patient needs to have been cleared by all pertinent medical specialties, including cardiology, pulmonology and infectious disease services.

For COVID-19 positive patients, a tracheostomy is a very high-risk procedure because it aerosolizes the virus. Full- body, fluid-resistant PPEs should be worn by surgeon and his team. Use only a cuffed, non-fenestrated tracheostomy tube. Ensure that the ET tube cuff is not damaged. Ventilation should be stopped prior to doing the tracheal incision, and should only be resumed after the cuff of the newly-inserted tracheostomy tube has been inflated.

EMERGENCY UNPLANNED tracheostomies may have to be done for patients who fail attempts at endotracheal intubation. While surgical speed and accuracy are imperative, these procedures should be done only when the surgical team is properly protected with full-body, fluid-resistant PPEs as these patients are considered +C19 even while their results are still pending.

Take care, our fellow ENTs. We all share in the fervent prayer that the clouds cast by this particularly insidious plague will clear up in the soonest possible time.

From your concerned colleagues in PALP