

A Friendly Reminder to Fellow ENTs and Residents

Philippine Academy of Rhinology, a subspecialty group of the Philippine Society of Otolaryngology - Head & Neck Surgery

ENTs have one of the highest COVID-19 infection rates from patient exposure in China.

When doing any physical examination on patients, presume that all have COVID-19: please wear complete PPE (N95 mask, goggles or face shield, gown, gloves) if we cannot procure Powered Air Purifying Respirators (PAPRs).

If there is an absolute need for an endoscopic procedure, please decongest using cotton soaked with lidocaine and oxymetazoline and insert in the nostril with a bayonet. Please avoid the use of any sprays to prevent aerosolization of the virus. The nasal cavity has

the highest amount of viral shedding that can last for 20-37 days.

Sterilize instruments and equipment used during the procedure according to Infectious Disease protocol in your hospital. Discard all disposables properly.

If a patient comes in with anosmia, be aware that recent onset isolated anosmia is one of the possible presentations of COVID-19. Assume that this is what your patient has. Advise self quarantine for this patient. Systemic steroids are not advisable for COVID-19, please do not prescribe for the meantime unless with other concomitant conditions such as head trauma or nasal polyps.

PALP Advisory

Philippine Academy of Laryngobronchoesophagology and Phoniatics, a subspecialty group of the Philippine Society of Otolaryngology - Head & Neck Surgery

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 the 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.