Cardiology Guidelines and Publications During the COVID-19 Pandemic

Catheterization Laboratory Considerations During the Coronavirus (COVID-19) Pandemic: From ACC’s Interventional Council and SCAI

March 2020

“Given the infectious risk of transporting patients from wards to the catheterization lab, some procedures routinely done in the catheterization laboratory should be considered for bedside performance. **Examples include pulmonary artery catheter placement, pericardiocentesis, and intra-aortic balloon pump insertion.** As mentioned above, the vast number of catheterization labs have either normal or positive ventilation systems and are not designed for infection isolation. Given the need for terminal cleaning following procedures on suspected or known COVID-19 patients, these cases should be done at the end of the working day if possible.”


Considerations for cardiac catheterization laboratory procedures during the COVID-19 pandemic perspectives from the Society for Cardiovascular Angiography and Interventions Emerging Leader Mentorship (SCAI ELM) Members and Graduates

“Alternative therapeutic options such as systemic fibrinolytic therapy may be considered for low risk STEMI (e.g. inferior STEMI without right ventricular involvement or lateral myocardial infarction without hemodynamic compromise) depending on local availability of expertise and the prevalence and effects of the COVID-19 disease burden at the institution; a potential downside is that these patients then often require prolonged ICU level of care and may end up utilizing vital finite resources. **When possible, bedside procedures are preferable (e.g., intra-aortic balloon pump, pericardiocentesis, ECMO, temporary venous pacemakers); CCLs should create COVID-19 carts with all potential supplies for these procedures**

"Because patient transportation from the ward to the catheterization laboratory may carry the risk of in-hospital infection transmission, some procedures routinely performed in the catheterization laboratory (e.g. Swan-Ganz catheter placement, pericardiocentesis, and intra-aortic balloon pump insertion) should be considered for bedside performance"


The Variety of Cardiovascular Presentations of COVID-19

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