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Surgical Unit converted into an intensive care unit during Northern Italy COVID-19 outbreak



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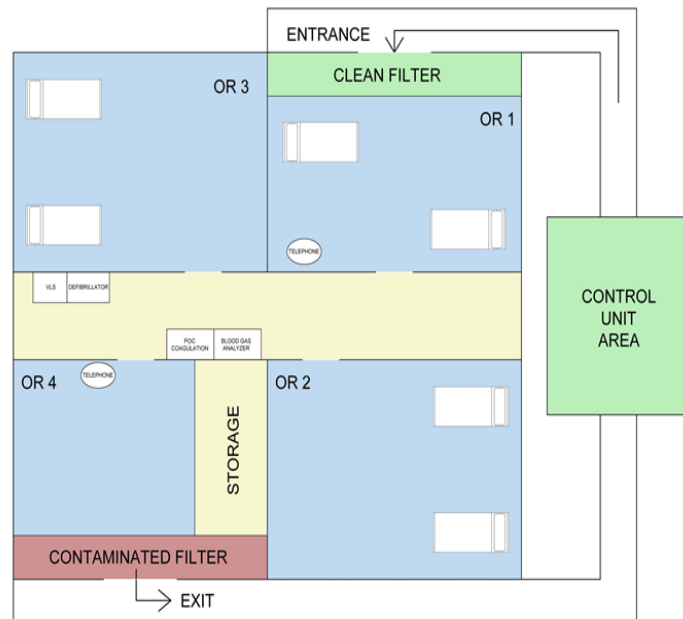
1. Introduction

Patients' growing numbers (1) during COVID-19 pandemic imposed our hospital to increase rapidly the already available 31 intensive care unit (ICU) beds (2).

2. Case description

we converted the cardiothoracic surgical unit (SU) into a 6-bed COVID-19 ICU. Double filter system in the pre-operative holding areas (3). Three beds were equipped with ICU-ventilators, while the others had anaesthesia workstations. The wall gas aspiration system was connected to the ventilators expiratory valve, preventing airdrops' dispersion. Devices as monitoring tools and aspiration systems were already available. External "control unit" area. Medical staff was composed of anaesthetist-intensivist physicians and residents, most of them with an anaesthesiological background. Many of the nurses and health-workers employed were ordinarily working in this SU.

3. OR rearrangement



4. Conclusion

During a health emergency, OR represents a real and feasible source of ICU beds, quickly available and easy to set-up, compared with the rearrangement of a traditional ward.

References:

1. Grasselli G. JAMA 2020;323:1574
2. Mojoli F. Anesthesiology 2020;doi=10.1097/ALN.0000000000003325
3. World Health Organization (WHO). Rational use of personal protective equipment for coronavirus disease 2019 (COVID-19)