

Anesthesiology Recommendations for Elective Procedures



Children's
of Alabama®

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SURGERY PATIENT - COVID+

For patients with a positive COVID test, elective surgery may be scheduled 4-6 weeks after symptom resolution. Patients are not required to be retested prior to surgery. For urgent or emergent procedures or immunocompromised patients, consult an anesthesiologist.

SURGERY PATIENT - COVID+ HOUSEHOLD CONTACT

For patients with a close household contact with a positive COVID test, elective surgery may be scheduled 21 days after the household contact's positive test, as long as the patient is asymptomatic and afebrile. Patients are not required to be tested prior to surgery. For urgent or emergent procedures or immunocompromised patients, consult an anesthesiologist.

SURGERY PATIENT - QUARANTINED DUE TO SCHOOL/DAYCARE EXPOSURE

For patients who have been quarantined by a school or daycare because of exposure to an individual diagnosed with COVID, no elective procedures may be scheduled until 10 days after the exposure, assuming the patient remains asymptomatic and afebrile. Any procedure already scheduled during the quarantine period will need to be re-scheduled to a date at least 10 days after the exposure, assuming the patient remains asymptomatic and afebrile. For urgent or emergent procedures or immunocompromised patients, consult an anesthesiologist.

SURGERY PATIENT - BRONCHITIS, CROUP, PNEUMONIA, FLU OR RSV +

For patients diagnosed with bronchitis, croup, pneumonia, flu or RSV, elective surgery may be scheduled 4-6 weeks after diagnosis (at minimum 4 weeks after symptom resolution). This includes asymptomatic patients flagged positive during multi-panel screen testing. For urgent or emergent procedures or immunocompromised patients, consult an anesthesiologist.

PATIENT IMMUNIZATIONS BEFORE SURGERY

Patients should not receive immunizations within 2 days of surgery to allow time for vaccine-related reactions to occur and resolve.

LABS UNDER GENERAL ANESTHESIA

Labs (ie. genetic testing, allergy testing, etc.) will NOT be obtained under general anesthesia unless the lab is pertinent to the scheduled surgical or diagnostic procedure or the anesthetic plan of care.