Regional Anesthesia (RA) is preferred over General Anesthesia (GA) for patients with COVID-19 to reduce the risk of transmission.


**USE SAFE PRACTICES**
- Don appropriate PPE before doing the procedure, take extra time to doff, and use an observer.
- RA procedures are not considered aerosol-generating:
  - The use of N95 (FFP3) masks or similar powered air-purifying respirators (PAPRs) generally are not considered necessary.
  - The use of N95 (FFP3) masks should be considered for surgical procedures with a significant risk of conversion to GA.
- All patients should wear a surgical mask to restrict droplet spread.
- Ensure the use of plastic covers to protect ultrasound equipment.

**CHOOSE THE RIGHT PROCEDURES**
- The use of RA is not contraindicated for COVID-19 positive patients.
- RA is preferred for providing anesthesia care wherever possible.
- Prepare and pack the required drugs in a plastic bag.
- Use blocks that reduce respiratory interference such as axillary or infraclavicular brachial plexus block.
- Risk-benefit should be considered for perineural adjuvants and continuous perineural catheters.
- Currently, no dose adjustment for RA is recommended.
- Use ultrasound guidance for peripheral nerve blocks.

**BE VIGILANT**
- RA should be thoroughly tested before proceeding with surgery to minimize the need for conversion to GA.
- Use minimal supplemental oxygen needed to maintain saturation.
- Rule out thrombocytopenia before neuraxial procedures.
- Watch and be prepared for hypotension after neuraxial anesthesia.
- Postpone epidural blood patch if possible until recovery from acute infection.