

Facilitating transcatheter aortic valve implantation in the era of COVID-19: Recommendations for programmes

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Objectives

- To outline a series of recommendations for TAVI programmes to adapt to the COVID-19 pandemic, based on international expertise of nurse leaders
- To propose a streamlined evaluation pathway that minimises patients' pre-procedure exposure to the hospital environment, while ensuring appropriate treatment decisions and shared decision-making
- To outline a nurse-led protocol of rapid mobilisation and reconditioning as a strategy to facilitate next-day discharge home

Key results

- The conventional TAVI assessment pathways and clinical processes have been modified to cope with the pandemic, to expedite work-up and avoid delays in treatment decisions.
- The Vancouver Accelerated Reconditioning nursing protocol (below) sets a new benchmark for TAVI in its facilitation of safe, next-day discharge

Conclusions

- Timely access to valve replacement is the only treatment available for patients with severe aortic stenosis
- As the world surfaces from the COVID-19 pandemic, TAVI programmes must implement a series of pre-, peri- and post-procedure best practices that ensure the highest quality outcomes, the lowest risk of COVID-19 exposure and the most efficient use of healthcare resources
- This study presents an Accelerated Reconditioning nursing protocol adapted for COVID-19 that facilitates safe, next-day discharge home after TAVI, comprising a co-ordinated and streamlined assessment pathway, wait list management, and a minimalist approach to a sequence of optimised activities aimed at achieving an excellent outcome without compromising safety

