

Framework on how to safely resume essential cardiovascular diagnostic and treatment care during the COVID-19 pandemic

May 5 2020

The American Heart Association, together with 14 cardiovascular societies in North America, today issued joint guidance, "Safe Reintroduction of Cardiovascular Services during the COVID-19 Pandemic: Guidance from North American Society Leadership," to outline a systematic, phased approach to safely reintroducing cardiovascular procedures for diagnosis and treatment during the COVID-19 pandemic.

"We acted quickly to protect patients and <u>health care professionals</u> when COVID-19 arrived in the United States, and for many patients, essential diagnostic, interventional or surgical cardiovascular procedures performed at hospitals were postponed. As many states have begun to reopen or introduce progressive re-openings since the national COVID-19 lockdown, this guidance provides a critical framework for prioritizing and resuming cardiovascular care as safely and as appropriately as possible," stated Robert Harrington, M.D. FAHA, president of the American Heart Association, Arthur L. Bloomfield Professor of Medicine and chair of the department of medicine at Stanford University. "We must continue to strike the delicate balance of ensuring optimal and timely cardiovascular care that can reduce morbidity and mortality, weighed against the risk of COVID-19 exposure. A tailored and collaborative approach that adapts based on the number of COVID cases and the mortality rate within each community, in tandem with local health and government leaders, is ideal. The safety of our patients and



their families from both <u>cardiovascular disease</u> and COVID-19 is our priority."

As significant delays in diagnosis and/or treatment can lead to serious consequences for cardiovascular patients, it is appropriate that these patients are prioritized as health care systems return to normal capacity. The challenge this presents for health care delivery systems and providers is how to reintroduce cardiovascular services while ensuring the safety of patients, providers and their families.

The framework balances the risk of COVID-19 exposure with the need for prompt diagnosis and treatment of cardiovascular disease. It highlights the importance of adequate supplies of personal protective equipment and COVID-19 testing for patients and staff, while at the same time protecting the pre-pandemic gains made in reducing morbidity and mortality from cardiovascular disease.

The guidance is from the American Heart Association, the American College of Cardiology, the American Society of Echocardiography, the American Society of Nuclear Cardiology, the Canadian Association of Interventional Cardiology, the Canadian Cardiovascular Society, Canadian Heart Failure Society Heart Rhythm Society, Canadian Society of Cardiac Surgeons, the Heart Valve Society, the Society for Cardiovascular Angiography and Interventions, the Society for Cardiovascular Magnetic Resonance, the Society of Cardiovascular Computed Tomography, the Society of Nuclear Medicine and Molecular Imaging and the Society of Thoracic Surgeons, and is jointly published in the Canadian Journal of Cardiology, the Journal of the American College of Cardiology and The Annals of Thoracic Surgery.

Provided by American Heart Association



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