

**Figure 1. Checklist for Elective NIR Procedures During Pandemic**

Pre-Procedure Clinic/Telehealth	Prior to Procedure	Day of Procedure
<p><i>Risk Factor Screen</i></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Exposure to others</li><li><input type="checkbox"/> Fever <math>\geq</math> 100.4 deg F/38 deg C</li><li><input type="checkbox"/> Shortness of Breath</li><li><input type="checkbox"/> Vomiting and/or diarrhea</li><li><input type="checkbox"/> New sore throat</li><li><input type="checkbox"/> New muscle aches/pain</li><li><input type="checkbox"/> Loss of taste/smell</li></ul> <p><i>Patient education</i></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Limits on family/visitation for procedure</li><li><input type="checkbox"/> Expectations regarding risk factor and disease testing</li><li><input type="checkbox"/> Requirement to self-assess temperature for 1 week prior to procedure; report any elevation of 100 deg F or more</li><li><input type="checkbox"/> Requirement to self-isolate for interval between pre-procedure disease testing and the procedure</li><li><input type="checkbox"/> Possible need to reschedule procedure if positive disease test</li></ul> <p><i>Confirmation of scheduling ability</i></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Available post-procedural bed</li><li><input type="checkbox"/> Angiography suite readiness</li><li><input type="checkbox"/> Anesthesia resources and availability</li></ul>	<ul style="list-style-type: none"><li>• <b>Two to Four Days Prior to Procedure</b><ul style="list-style-type: none"><li><input type="checkbox"/> Confirm pandemic testing is being performed or has been performed within institutionally established timeframe</li></ul></li><li>• <b>One Day Prior to Procedure</b><p><i>Risk Factor Screening</i></p><ul style="list-style-type: none"><li><input type="checkbox"/> Exposure to others</li><li><input type="checkbox"/> Fever <math>\geq</math> 100.4 deg F/38 deg C</li><li><input type="checkbox"/> Shortness of Breath</li><li><input type="checkbox"/> Vomiting and/or diarrhea</li><li><input type="checkbox"/> New sore throat</li><li><input type="checkbox"/> New muscle aches/pain</li><li><input type="checkbox"/> Loss of taste/smell</li></ul><p><i>Communicate Results of Pandemic Testing</i></p><ul style="list-style-type: none"><li><input type="checkbox"/> If positive, discuss with patient and procedural team whether to postpone</li><li><input type="checkbox"/> Notify anesthesia team and angiography suite of any positive result and/or cancellation</li></ul></li></ul>	<p><i>Risk Factor Screen</i></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Exposure to others</li><li><input type="checkbox"/> Fever <math>\geq</math> 100.4 deg F/38 deg C</li><li><input type="checkbox"/> Shortness of Breath</li><li><input type="checkbox"/> Vomiting and/or diarrhea</li><li><input type="checkbox"/> New sore throat</li><li><input type="checkbox"/> New muscle aches/pain</li><li><input type="checkbox"/> Loss of taste/smell</li></ul> <p><i>Rapid Testing</i></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Perform rapid test if needed in accordance with institutional guidelines</li></ul> <p><i>Pre-procedure patient and provider protection</i></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Physical patient flow within institutional protocols</li><li><input type="checkbox"/> PPE per hospital protocols</li></ul> <p><i>Periprocedural Pandemic Timeout</i></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Screening results</li><li><input type="checkbox"/> Disease testing results</li><li><input type="checkbox"/> Confirm availability of post-procedure resources</li></ul>