GUIDELINE

Pre-Operative Care

Scope (Staff):	Nursing and Medical Staff
Scope (Area):	NICU KEMH, NICU PCH, NETS WA

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations.

Read the full statement here:
CAHS Child Safe Organisation Commitment Statement

This document should be read in conjunction with this disclaimer

Aim

To ensure the safest outcome for neonates who require general anaesthesia for surgery or interventional procedure.

Risk

Failure to adequately prepare neonates undergoing general anaesthesia can place the patients' safety at risk as well as causing potential cancellation of surgery.

Key points

- Consider need for IV access and respiratory support by the Neonatal team in consultation with the Anaesthetic team prior to theatre.

Patient Preparation	Additional Information
1. Observations – Full set of vital signs are to be checked prior to theatre, including a blood gas, blood pressure and urinalysis.	
2. Fasting – Infant should be fasted for 3-4 hours prior to theatre **3 hours if EBM/breastfed** **4 hours if formula**	Fasting is required to prevent aspiration of gastrointestinal contents Consider IV fluids if fasting time may be prolonged or patient has a history of hypoglycaemia.

Patient Preparation	Additional Information
3. Identification – Infant must be wearing 2 white ID bands with 3 identifiers (infant's name, date of birth and UMRN).	Do not use stickers with patient address
4. Hygiene – infants require a chlorhexidine wash. See below for decolonisation in high-risk patients and pre cardiothoracic surgery.	1% Chlorhexidine Topical Lotion Chlorhexidine Wash Procedure
5. Surgical Site Marking – Ensure surgical team have clearly marked the surgical site (where applicable) as per CAHS policy.	Correct Patient, Correct Procedure, Correct Site: Procedure Matching
6. Theatre Attire – Ensure baby has a clean nappy and hospital gown (if applicable) with no metal fastenings.	
7. Thermoregulation – Ensure baby has hat and blanket, and cover with Neowrap. Check temperature prior to leaving the ward and on arrival in theatre. Ensure warmer is left plugged in and turned on	Ensures infants stay warm on transfer to theatre.

Additional Points

Decolonisation

- To mitigate the risk of *Staphylococcus aureus* Blood Stream Infections (BSI's) and Surgical Site Infections (SSI's) in vulnerable populations, S. aureus screening and routine decolonisation therapy must occur in all patients having cardiothoracic surgery and neurosurgery and be considered for other patients having high risk surgery. Refer to CAHS Staphylococcus aureus Decolonisation for Procedures policy for information on screening (swab collection) and decolonisation.
- Prior to commencing decolonisation collect swabs for S. aureus screening
- Decolonisation must include 1% Chlorhexidine Topical Lotion daily (including hair at least once) and **Mupirocin 2% nasal ointment** (approximately 2 matchhead sized amounts of ointment for each nostril) twice daily for 5 days.
- 1% topical chlorhexidine lotion and 2% nasal mupirocin should be charted on the patient's medication chart for the duration of their course.
- Complete the Decolonisation and Screening Preoperative Record MR4839.00

Retinopathy of Prematurity

- For infants having laser treatment for retinopathy of prematurity refer to Dilacaine Eye Drops protocol for dilation of pupils prior to surgery and Retinopathy of Prematurity guideline for further information.

Transport to Main Theatres

- Ensure resuscitation equipment, including oxygen and suction are available and in working order. Ensure there are adequate supplies in Air and Oxygen cylinders.
- Infant monitoring is insitu, use of end tidal CO2 is necessary for all intubated patients.
- All unstable and/or ventilated infants are escorted to theatre by the anaesthetist and theatre orderly as well as a NNT on overhead warmer or omni bed.
- Stable Infants should be transferred to theatre in the theatre cot.
- Ensure hat and neowrap insitu for thermoregulation
- Consider use of shuttle for power source if necessary

Required Pre-Operative Bloods

- Cross match or group and hold - dependent upon the procedure (check with surgical and anaesthetic teams).
    - A sample of 0.5mL of infant blood and 10 mL of clotted maternal blood is required for cross-matching. (Labels must be hand-written, signed and have an accompanying pathology form which is also signed by staff member taking the blood).
    - A mother baby link will need to be created on WEBPAS, created by referral hospital if public patient. The link can be created in maternal demographics by the ward clerk or after hours HIAS. If the mother-baby link cannot be created blood can be cross-matched with 2 mL of infant's blood.
- Full Blood Picture
- Urea and Electrolytes.
- Blood glucose level (via blood gas)
- Coagulation profile if ordered.
- Newborn Screening Test if not already taken.

Documentation

Pre-operative paperwork should be commenced prior to the day of surgery if possible.
Complete the following:

- Anaesthetic History MR840.
- Anaesthetic Record MR846.2
- Admission Waitlist / Consent Form MR840.02 (completed by the surgical team)
- Pre-operative and Theatre Checklist MR844.01
- Surgical safety checklist (completed on handover to surgical team) MR844.03
- Patient notes not in DMR **must** accompany the infant to theatre.
- Ensure parents phone numbers are recorded so they can be contacted.

Surgery in the NICU:

If the decision is made to operate in the theatre room on ward 3B see 'Surgery in the NICU Checklist' in Surgery in the NICU guideline.

Related CAHS internal policies, procedures and guidelines
CAHS Policy • Staphylococcus aureus Decolonisation for Procedures Neonatology Clinical Guidelines • Chlorhexidine Wash Procedure • Retinopathy of Prematurity • Surgery in the NICU Neonatology Medication Protocols • 1% Chlorhexidine Topical Lotion • Dilacaine Eye Drops PCH • Preoperative Preparation PCH Medication Management • ChAMP - MRSA and MSSA Guideline for Staphylococcal Decolonisation

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