



CLINICAL GUIDELINE	
Pre-Operative Care	
Scope (Staff):	Nursing and Medical Staff
Scope (Area):	NICU KEMH, NICU PCH, NETS WA
<p align="center">Child Safe Organisation Statement of Commitment</p> <p>The Child and Adolescent Health Service (CAHS) commits to being a child safe organisation by meeting the National Child Safe Principles and National Child Safe Standards. This is a commitment to a strong culture supported by robust policies and procedures to ensure the safety and wellbeing of children at CAHS.</p>	

This document should be read in conjunction with this [DISCLAIMER](#)

General Pre-Operative Care

- Vital signs should be checked prior to theatre, including a blood gas, blood pressure and urinalysis
- Consider need for IV access and respiratory support by the neonatal team prior to theatre in consultation with the Anaesthetic team.
- Check if there are specific preoperative protocols for screening and antibiotic cover for the planned surgical procedure, ie cardiac and VP shunts.
- Infant should be fasted for 3 - 4 hours prior to theatre to prevent aspiration of gastrointestinal contents. 3 hours if breastfed/EBM and 4 hours if formula. Consider IV fluids if fasting time may be prolonged or patient has history of hypoglycaemia
- The infant must be wearing 2 white identification bands with the 3 identifiers, (infant's name, date of birth and UMRN, do not use stickers with patient address.)
- Ensure resuscitation equipment, including oxygen and suction are available and in working order. Ensure there are adequate supplies in Air and Oxygen cylinders.
- All unstable and/or ventilated infants are escorted to theatre by the anaesthetist and theatre orderly as well as a NNT. Infants should be transferred to theatre in the theatre cot or overhead warmer.
- All infants should have a [chlorhexidine wash](#) with 1% chlorhexidine gluconate lotion, dressed in a hospital gown (if applicable) and a clean nappy prior to theatre.
- To mitigate the risk of *Staphylococcus aureus* Blood Stream Infections (BSI's) and Surgical Site Infections (SSI's) in vulnerable populations, routine decolonisation therapy should occur in all patients prior to high risk surgery, such as cardiothoracic surgery. Patients should commence decolonisation 5 days prior to their operation. For urgent surgical cases, treatment may be commenced up to the night prior to surgery, but then needs to continue to complete five days post operatively.
- Decolonisation must include **1% topical chlorhexidine lotion** daily (including hair at least once) and **2% nasal mupirocin** (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 patients medication chart for the duration of their course.

- For pre-operative care of infants having laser treatment for retinopathy of prematurity refer to [Dilacaine Eye Drops](#) protocol for dilation of pupils and [Retinopathy of Prematurity](#) guideline for further information.

Documentation

Pre-operative paper work 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
- Medical Records folder and buff notes must accompany the infant to theatre.
- Ensure parents phone numbers are recorded so they can be contacted.

Pre-Operative Bloods

- Cross match or group and hold dependent upon 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 and signed and have an accompanying pathology form which is also signed).
 - A mother baby link I 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 / Blood group and hold.
- Urea and Electrolytes.
- Blood glucose level.
- Coagulation profile if ordered.
- Newborn Screening Test (Guthrie) if not already taken.

Related CAHS internal policies, procedures and guidelines

Neonatology

- [Chlorhexidine Wash Procedure](#)
- [Retinopathy of Prematurity Screening, Treatment and Ophthalmology Consultations](#)

Neonatology Medication Protocols

- [Dilacaine Eye Drops](#)

PCH

- [Preoperative Preparation](#)


PCH – Medication Management

- [ChAMP - MRSA and MSSA Guideline for Staphylococcal Decolonisation](#)

References and related external legislation, policies, and guidelines

1. Boxwell G. Neonatal Intensive Care Nursing. 2nd ed. London: Routledge; 2010.
2. Hansen A, Puder M. Manual of Neonatal Surgical Intensive Care., 2nd Edition, 2009. People's Medical Publishing House, Shelton, Connecticut..

This document can be made available in alternative formats on request for a person with a disability.

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Collaboration

Accountability

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Respect

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