GUIDELINE

Surgery in the Neonatal Unit

Scope (Staff):	Nursing and Medical Staff
Scope (Area):	NICU PCH

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this disclaimer

Aim

To outline cases were surgery within the neonatal unit at Perth Children's Hospital (PCH) Ward 3B may be considered and the required process to follow to ensure safe practice.

Risk

The decision to perform surgery in the neonatal unit at PCH Ward 3B requires multidisciplinary discussion and analysis of risk versus benefits. Careful consideration and planning is required to ensure optimal patient outcomes.

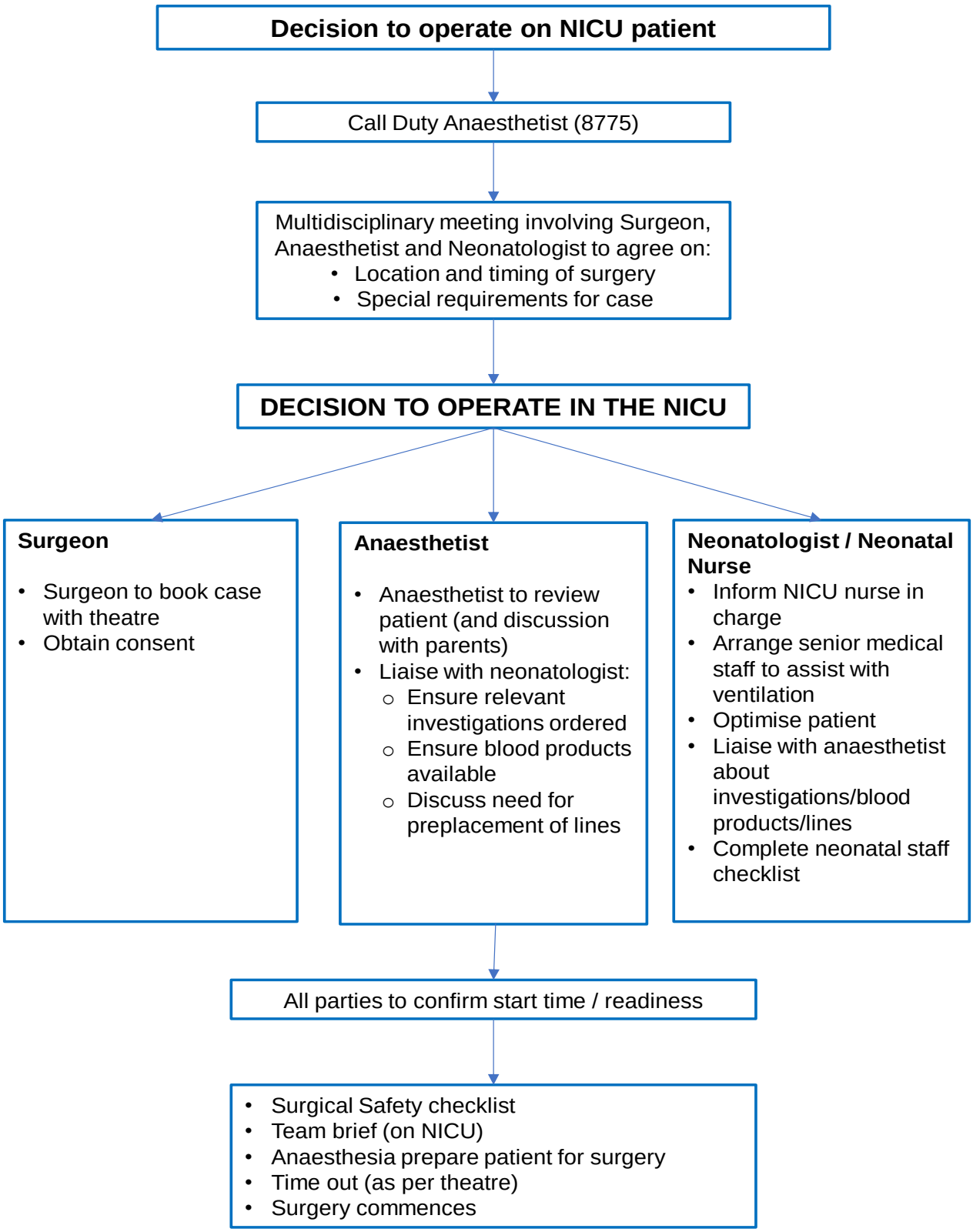
Key Points

Cases considered appropriate for surgery in the NICU:

- < 1.5kg or < 30 weeks gestation
- >1.5 kg or >30 weeks and
  - Unstable on handling
  - Requiring non-conventional ventilation +/- nitric oxide
  - Haemodynamic instability / high inotrope requirement
- Congenital Diaphragmatic Hernia (unless surgically high risk)

Nb. If surgery requires a laparoscopic or thorascopic approach, or an LTB – suggest Theatre. (Note – LTB is possible in NICU if required.)

The final decision for operative location should be by mutual agreement of the surgeon, anaesthetist and neonatologist on a case by case basis.



Surgery in the NICU Checklist

Theatre Paperwork	✓	Room Requirements	✓
Consent form completed		Double infectious clean prior to procedure	
Anaesthetic Record commenced		Clear of clutter – chairs etc	
Anaesthetic History completed		Patient trolley and notes to be outside the room	
Pre-op Checklist (URMN) • 1st check completed by 2x NICU staff • 2nd check completed by OT nurse		Theatre trolley to remain in the rear of the room (contains hats, scrubs, bin bags (yellow/black), extra suction equipment	
Surgical Safety checklist		2 x suction units – 1 for ETT, 1 for OT on opposing pendant	
Patient stickers		Bin emptied (spare bin liners in 3B OT trolley)	
Parent phone numbers recorded on paperwork and observation chart		Extra trolley x1 for OT staff to use	
Patient Requirements		**Equipment**	
Appropriate patient decolonisation (if required)		Full 0_2 and Air cylinders on warmer with correct set-up (green tubing, Y-connector and suction)	
Post-op pain relief ordered		Temperature Probe available for anaesthetic staff	
Pre-op bloods completed • NBST • Crossmatch, Group & Hold		Neopuff checked and ready to use	
Blood available in PCC fridge		Bag and Mask on pendant near bedspace	
Patient on warmer or Omnibed		Privacy glass on (dependent on surgical team's preference)	
Coziny mattress removed from warmer / Omnibed		**Ward Requirements**	
Neowrap and hat applied during pre-op anaesthetic procedures		Visitors removed from ward and contacted to advise of procedure	
Consider Transwarmer in preterm infants (particularly if undergoing lines / procedures)		Ward closed on ICU side for period of procedure	
Back of patient clear of leads (for diathermy pad)		**NICU Staff Required**	
Adequate IV access and fluids		Nurse and Dr (Consultant or SR) in the room	
2 x 0_2 sats probes on different limbs, both displayed on monitor		Runner nurse outside the room	
TCM insitu (away from surgical site) and correlated with recent gas (particularly important in babies on HFOV/HFOJV where $ETCO_2$ n/a			

Related CAHS internal policies, procedures and guidelines
Neonatology Guidelines • Pre-Operative Care • Post-Operative Analgesia • Post-Operative Care

This document can be made available in alternative formats on request.

Document Owner:	Neonatology		
Reviewer / Team:	Neonatology Coordinating Group		
Date First Issued:	April 2022	Last Reviewed:	April 2022
Amendment Dates:		Next Review Date:	24th May 2025
Approved by:	Neonatology Coordinating Group	Date:	24th May 2022
Endorsed by:	Neonatology Coordinating Group	Date:	
Standards Applicable:	NSQHS Standards:  Child Safe Standards: 1,10		

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Compassion | Excellence | Collaboration | Accountability | Equity | Respect

Neonatology | Community Health | Mental Health | Perth Children's Hospital