



Clinical Practice Guideline

Guideline coverage includes NICU KEMH, NICU PMH and NETS WA

Pre-Operative Care

This document should be read in conjunction with the [Disclaimer](#)

General Pre-Operative Care

This refers to the stabilisation of the infant prior to surgery. 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
- Allergy Reporting Form MR120.
- Pre-operative and Theatre Checklist MR844.01
- Black Medical Records folder and buff notes must accompany the infant to theatre.

Pre-Operative Bloods

- 10 mL clotted maternal blood for cross matching - Maternal blood is necessary to screen for maternal antibodies (**Labels must be hand written**).
- 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.

Key Points

- It is important when retrieving infants from peripheral hospitals, that the retrieval team collect 10 mL of clotted maternal blood for cross-matching. (Labels must be hand-written and signed and have an accompanying pathology form which is also signed). If the infant comes from a rural or private hospital a 'mother-baby link' will need to be created on WEBPAS. This can be done by the ward clerk. If the mother-baby link cannot be done (i.e. out of hours) or there is no maternal blood then cross-match can be done with 2 mL of infants blood.
- Notify theatre staff of where the infant's parents will be during theatre and provide contact phone numbers.

Procedure




- Infant should be fasted for 3-4 hours prior to theatre to prevent aspiration of gastrointestinal contents. Normally 3 hours if breastfed/EBM and 4 hours if formula. Discuss with anaesthetist/surgeon. Infants can have clear fluids up to 1 hour prior to surgical start.
- The infant must be wearing 2 white identification bands with the 3 identifiers, infant's name, date of birth and UMRN.
- The preoperative checklist should be completed in plenty of time prior to escorting the infant to theatre, and again just prior to leaving the unit.
- Dress the infant in a hospital gown (if applicable) and a clean nappy.
- Vital signs should be checked prior to theatre, including a blood pressure and urinalysis to obtain a baseline recording of vital signs.
- Ensure resuscitation equipment, oxygen and suction equipment 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 taken to theatre in the theatre cot or overhead warmer with emergency equipment checked and working

References

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.

Related policies

[PMH Pre-operative Preparation and Procedures](#)

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