



Clinical Practice Guideline

Guideline coverage includes NICU KEMH, NICU PCH and NETS WA

Pre-Operative Care

This document should be read in conjunction with the [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.)
- All infants should have an antistaph wash with 1% chlorhexidine gluconate lotion, dressed in a hospital gown (if applicable) and a clean nappy prior to theatre.
- 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.

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.

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

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

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