

PRE-OP

Types of surgery

- Elective case: planned ahead of time and booked like an appointment
- Emergency case: depending on urgency, usually happens later in the day
 - Immediate: category 1 are patients with immediate life or limb/organ threatening conditions; have to go to OR within minutes of deciding to operate
 - Urgent: category 2 are patients with life-threatening conditions or deterioration and have to go to OR within hours
 - Expedited cases are stable patients that need early intervention for non-life threatening conditions; they have to go to OR within days
- Surgery on the unit: highly unstable cases
 - OR team will come and take over, they bring all their equipment but may ask you for certain supplies
 - There will likely be 2 surgical nurses, 2 surgeons and usually 1 anesthesia tech + anesthetist
 - Everyone needs to wear mask and hair net
 - Your job is to stay near but out of the way. Be very aware of all sterile fields and be available to get supplies as needed. No need to record vital signs throughout OR – anesthesia in charge of vitals.

Preparation of baby

- Make sure **parental consent** (for surgery and anesthesia; which are on the same form) is obtained by MDs, and that the parents understand the surgical procedure. The consent remains effective until there is a change in the baby's condition or any change in the procedure planned.
- Check **pre-op medical orders** (NPO, IV solution, antibiotics at certain time, blood on reserve if needed, etc.). If written by the surgical team, make sure they are countersigned by the NICU team.
 - Babies fed with **breastmilk** have to be **NPO for 4 hours** prior to procedure
 - Babies fed with **formula** have to be **NPO for 6 hours** prior to procedure, but can have clear fluids (eg. Glucose water) up until 4 hours prior to procedure
 - Patients should **not be sent to the OR with TPN** infusing as this is a potentially dangerous situation for overload of aminosyn and lipids. Consult physician for type of solution to infuse for the OR (normally **D10Norm** is used).
 - On occasion, baby will not need extra hydration via IV prior to OR (some can last up to four hours without). In these cases anesthesia will place an IV in OR.
- Make sure the baby is wearing an **identification bracelet** (with complete name and the unit number). Also, make sure there is an **identification card on the bed** and that the hospital card is taped on the chart.
- Make sure there is a **cross-match sent** (if older than 4 months, the cross match must be repeated) and that there is **blood on reserve** in blood bank (if ordered)
- Team will generally order at least a **new CBC and possibly a coag profile** within week prior to surgery.
- If the baby is black and greater than 3-4 months of age and has not been screened before, sickle cell anemia screening may be done prior to OR
- Prior to any operation, the baby should be **bathed twice (body only)**, using chlorhexidine gluconate 2% wipes as an antibacterial agent: once the night before and once the morning of the operation.
- When OR is ready for the patient they will call and let you know they are coming to pick them up. **They will ask for baby's weight and if baby is intubated.**
- **If baby is intubated, anesthesia will come up to the unit.**

What goes with the baby to the OR

- **Medical chart** plus **CMAR** from nursing chart (so OR team can see when baby is due for meds)
- Patient **hospital identification grey card** tapped on medical chart
- **Stamped OR pack** to add to front of chart which includes:
 - Pre-op checklist, with the latest vital signs (HR, RR, O2 sat with FiO₂, BP,T)
 - Surgical and anesthesia consent form
 - Operation record
 - Anatomical pathology requisition
 - Microbiology requisition
 - Doctor's order sheet
 - Correct site/side check list
- **Latest CBC**, printed and attached to pre-op check list.
- **All NICU patients must be accompanied by a NICU nurse** to the OR and a **verbal quick report** from a NICU nurse to an OR nurse/anesthesia must be given, including:
 - Baby's weight
 - When baby was last fed
 - Fluids/drips running
 - Time of last dose of antibiotics (if applicable)
 - Last dose of analgesics
 - Any important meds that might be due during surgery (anticonvulsants, etc.)
 - Any concerns you may have (i.e. hemoglobin on low side, baby desaturates in certain position, etc.)