

**PDA LIGATION PERFORMED IN THE NICU  
PRE-OPERATIVE CHECKLIST**

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- Weight = \_\_\_\_\_ kg Estimated date/time of procedure: \_\_\_\_\_
- NPO
- Labs:
  - CBC with differential (assure that Hct is > 30 and platelets are > 100,000)
  - lytes
  - type & crossmatch
  - ABG
- Blood products
  - Order one unit pRBCs and indicate date/time of surgery. Blood products must be available at the bedside and placed in a cooler during surgery.
  - Obtain blood filter and syringes if needed
- IV access
  - Place PIA if no arterial access present.
  - Place PIV; patient should have 2 IVs in place.
- IV fluids
  - 0.45% NaCl with 1 unit of Heparin/mL at 1 ml/hr through PIA
  - HA or pre-surgical fluids (D10W ½ NS with heparin)@ maintenance rate
- Ventilation
  - Intubate and stabilize at least 4 hours prior to procedure
  - Place TCM or end tidal CO2 monitor
  - Ensure that ETT is stabilized appropriately
- Medications
  - Cefazolin (Ancef) 25 mg/kg/dose = \_\_\_\_\_mg IV to be given by anesthesiologist **WITHIN 1 hour prior to procedure**
  - Consider dopamine and epinephrine infusions
  - KCl- If K is less than 3 mMol/L, infuse KCl 1 mEq/kg over 2 hours
- Temperature regulation
  - Insert lubricated rectal temperature probe (2 cm into rectum if < 2 kg; 4 cm if > 2 kg) and secures to patient's leg using Tegaderm®
  - Connect blue rectal temp cable to bedside Phillips monitor module. Set rectal temp alarm low 36°C and high 38°C
  - Use Draeger bed; set mattress temperature at 38.5 degrees and cover with single blanket.
  - Cover baby's head with hat
- Other monitoring
  - Monitor pre and post ductal oxygen saturations
  - Monitor end tidal CO2

- Place non-invasive blood pressure cuff on right arm (unless PIA in place on right)
- Bedside set up
  - Move patient next to an empty bed spot if possible. The surgeon will stand on the baby's left side.
  - Place IV pumps and IV lines on patient's right side accessible outside of the drapes and closest to the anesthesiologist.
  - Obtain additional IV pumps if needed (HA, lipids, arterial line, dopamine, epinephrine, medications, blood)
  - Obtain 4 suction set ups: one for surgeon (left side), one for chest tube if needed, and two for ETT and oral suctioning
  - Obtain pleur-evac set up, water, and argyle chest tube in case it is needed
  - Obtain surgical light from PICU storeroom
- Resuscitation readiness
  - Obtain sync cable for defibrillator and sterile paddles on top of crash cart and make readily available
- Consents and hand off
  - Assure that all paper work is completed, signed, and dated – consents (surgical, anesthesia, transfusion)
  - Give hand off communication to anesthesia regarding access and medications