

## **Surgical Procedures in the CHO NICU - Preparation Checklist**

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### Neonatologist responsibilities:

- Contacts surgeon for surgery date/time and communicates plan to charge nurse
- Coordinates care with anesthesia/OR staff
- Notifies parents of procedure and confirms their availability for consents
- Reviews labs and studies: blood gas, CBC, electrolytes, cultures, CXR/KUB
- Reviews IV access including arterial line as appropriate
- Orders blood products if desired by anesthesia, surgery
- Orders pressors to be available if necessary
- Orders NPO orders (4 hours prior to procedure if breast milk; 6 hours prior if formula fed)
- Provides procedural sedation when indicated

### Charge nurse responsibilities:

- Evaluates patient's current bed space with neonatologist – ideally, next to an empty adjacent bed space).
- Checks that blood products are available and brings blood products in cooler up to the bedside
- Places additional suction set up at bedside for surgery on left side of patient
- Pleur-a-vac set up available for chest tube (check with surgeon)
- Checks that monitors are easily visualized by anesthesia
- Checks that monitor has EKG paper
- Places caps, masks at entrance of NICU room
- Brings surgical lamp to bedside
- Confirms that surgical and anesthesia consents are signed
- Orders x-ray plate and places under patient (if indicated for Broviac insertion)
- Brings surgical tray to the bedside

### Bedside nurse responsibilities:

- Performs pre-surgical bath 2 hours prior to procedure (if indicated)
- Places appropriate blood pressure cuff on patient
- Ensures that all pumps and line access ports are accessible outside drapes and routed to patient's right side near anesthesia
- PIV in place to avoid central line break-ins
- Ensures that gastric decompression tube in place
- Hangs pressors if ordered by neonatology
- If using Draeger bed, sets mattress temperature at 38.5 degrees and covers with single blanket.
- If using Ohmeda table, asks OR to bring the Bair Hugger warm air mattress
- Inserts lubricated rectal temperature probe (2 cm into rectum if  $\leq$  2 kg; 4 cm if  $>$  2 kg) and secures to patient's leg using Tegaderm®
- Connects blue rectal temp cable to bedside Phillips monitor module. Set rectal temp alarm low 36°C and high 38°C
- Covers baby's head with hat
- Gives hand off communication to anesthesia regarding access and medications

### RT responsibilities:

- Assures that end tidal CO<sub>2</sub> monitor is in place for all patients on conventional ventilation
- Assures that transcutaneous CO<sub>2</sub> monitor is in place for all patients on high frequency ventilation
- Assures that saturation monitors are in place (pre- and post-ductal if indicated)
- Confirms that ventilator equipment is placed on the patient's right side
- Suctions ETT and confirm position prior to draping

### Ward clerk responsibilities:

- Confirms parent's location for communication outside of NICU
- Places procedural sign and closes door to NICU