GUIDELINE

Post-Operative Care

Scope (Staff):	Nursing and Medical Staff
Scope (Area):	NICU KEMH, NICU PCH, NETS WA

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this disclaimer

Aim

Outline the process of receiving a post-operative neonatal patient in the neonatal unit.

Risk

Collaborative management between surgical, medical and nursing staff is vital to achieve a positive surgical outcome. Ineffective handover can result in under monitoring, medication errors or delay in response/follow up.

Key Points

- Assess the infant's pain responses and ensure adequate analgesia is administered.
- The infant's vital signs should be monitored closely.
- A blood gas analysis is done on return to the unit and imbalances corrected.
- A strict fluid balance should be maintained, ensuring balance from theatre is accounted for.
- Observe the wound site(s), dressings and any drains.
- Infants' who require transportation to another hospital less than 24 hours post-surgical procedure:
  - Must be transported by the NETS team in the NETS transport cot. Nurse only is permissible if authorized by SR or Consultant.
  - Must be continuously cardiopulmonary monitored.
  - Require suction, oxygen and an appropriate sized bag and mask available **at all times** during transportation.

Minor Procedure - e.g. Hernia Repair, Eye Laser

1. Infant should receive full cardiorespiratory monitoring for 24 hours. Hourly observations for a minimum of 4 hours. Then 4 hourly for 24 hours if stable.
2. Assess the infant's pain responses and ensure adequate analgesia is administered. Hourly observations for a minimum 24 hours.
3. Thereafter the frequency of monitoring should be based on assessment of the infant's condition.

Major Procedure - Abdominal, Cardiac

1. A team time out to conduct Post-Operative Handover when patient returns to the ward.
2. Infant should receive full cardiorespiratory monitoring. Hourly observations for 24 hours. Following this as per the infants condition. If ventilated ensure end tidal CO_2 monitoring.
3. Post-Operative Analgesia should be considered and continued as required. Hourly observations are to continue whilst on Narcotic analgesia
4. Notified the Parents of the infant's arrival back from theatre as soon as is practical. Additionally ensure they are updated by the surgeon.
5. If the infant was intubated in the operating theatre, obtain a chest X-ray on return to the unit to confirm the correct placement of the endotracheal tube. Obtain blood gas as soon as practicable.
6. Surgical Drains should be managed as per surgeon's instructions. Do not attach to suction unless specifically ordered by surgeon.
7. All care as per Surgical post op orders on Operation record (MR841)
8. The preterm and ex-preterm are at an increased risk of apnoea following a general anaesthetic, therefore consider caffeine therapy BUT check it has not already been administered in theatre.

Documentation

MR841 - The procedure and post-operative orders should be documented on the operation sheet by the surgeon.

MR846.2 Anaesthetic Record - Any intraoperative or postoperative blood loss and medications should be documented

MR860 Paediatric Medication Chart – Medications given in theatre. Ensure this is checked prior to giving further antibiotics or analgesia.

Related CAHS internal policies, procedures and guidelines
Post-Operative Analgesia
Post-Operative Handover

References and related external legislation, policies, and guidelines
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.

This document can be made available in alternative formats on request.

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