The Royal HOSPITAL FOR WOMEN

LOCAL OPERATING PROCEDURE

NEONATAL SERVICES DIVISION

Approved by Quality & Patient Care Committee
July 2018

TRANSFER OF NEONATE BETWEEN NEWBORN CARE CENTRE AND OPERATING THEATRE

This Local Operating Procedure is developed to guide safe clinical practice in Newborn Care Centre (NCC) at The Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this Local Operating Procedure.
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INTRODUCTION
Neonates in newborn care may require surgery. Moving a critically unwell neonate requires skills and planning to ensure no deterioration and that they reach theatre in an optimal state for surgery.

1. AIM
- To transfer the neonate to operating theatre with safety and efficiency

2. PATIENT
- Newborns

3. STAFF
- Medical and nursing staff

4. EQUIPMENT
- NCC 'Globetrotter' Transport Crib OR neonates own crib using ventilator (VN500/Servo-N) with cylinders and battery pack for transport
- Drager M540 OR Massimo monitor OR Spacelab Transport Monitor
- IV Infusion pump/ syringe driver
- Disposable self-inflating bag with appropriate size face mask
- Neopuff with cylinders for transport (required if neonate is invasively ventilated)
- Stethoscope
- Box with emergency equipment including: Appropriate size ETTs, Laryngoscope, suction catheters, spare face masks, any patient specific equipment that is needed

5. CLINICAL PRACTICE

Procedure:

<u>Transfer to theatre</u>
1. A post-operative bed for the neonate must be designated prior to surgery by the Neonatal Registrar/Fellow and Nursing Team Leader.
2. Ensure the neonate has the following tests completed:
    - Newborn Screen (NBST)
    - Cross-match – Group and Hold
    - FBC and Coagulation Profile
3. Ensure parents are shown the ward/level of care the neonate is returning to post-operatively.
4. Organise Admission Papers for Sydney Children's Hospital (SCH):
    - Contact SCH Admissions on extension 21440, 21441 and/or Fax 21451 (between 0800-1700 hours, Monday to Friday)
    - After Hours – Contact the SCH Emergency Department on extension 21032 or Fax 21959

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NOTE: This can be organised a day prior to the surgery and one of the NCC ward clerks may be able to assist. Ensure the following information is ready before contacting SCH:
- Neonate's MRN
- Expected admission date and time to SCH
- Nominated consultant at SCH
- Planned surgery/procedure

5. Arrange for a RHW Porter (extension 26784, after Hours page 44000) to pick up the neonate's labels and front sheet from admissions department at SCH and deliver them to NCC.
6. Direct parent/s to SCH Admissions to sign paperwork. If time does not allow for this, the parent may accompany the neonate to OT reception. Alternatively, NCC Ward Clerk will follow-up at a later date.
7. All neonates should be seen by the surgical team and the anaesthetist prior to leaving the NCC. Parents must have consent taken by a member of the surgical team and given the opportunity to ask any questions. If parents are not available in person this may happen by phone contact.

NOTE: If neonate is to receive an epidural this must be consented for pre-operatively.

8. A time out huddle should be performed in NCC with the surgical team, NCC medical and nursing team and the anaesthetist to minimise error and miscommunication. If this is not possible then this must be done in the anaesthetic bay prior to surgery.
9. When the neonate goes to OT, the ward clerk of NCC (or admission desk of RHW) must be notified. The neonate is put "**On Leave**" from RHW. When the neonate returns to NCC they must be "**Returned From Leave**" by the ward clerk or front desk (admission) at RHW.
10. Pre-Operation checklist must include:
    - SCH MRN label
    - Signed Consent Form
    - Anaesthetic Consult
    - All RHW notes that are not on eMR
    - All X-rays, CT Scans etc. (if available)
    - Two identification labels on neonate (must include at least one ID band with SCH MRN)
    - Parent's contact details
11. Ventilated neonate going to OT: to be escorted by Anaesthetist AND/OR NCC doctor and NCC Nurse with a RHW Porter.
12. Non-ventilated neonate going to OT: to be escorted by the NCC Nurse and a RHW Porter.

Transfer from theatre

13. Collect all equipment and paperwork that accompanied the neonate to OT.
14. Ensure neonate is safe and stable to transfer.
15. Transfer neonate with Anaesthetist, OT Nurse and SCH Porter. NCC nurse may also be called to accompany.

NOTE: All neonates will return to NCC ventilated if they have been intubated and ventilated for surgery.

16. Re-admit the neonate to Level 3 NCC and commence post-operative instructions as prescribed.

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17. Monitoring is required for a minimum of 4 hours and for at least 24 hours after a general anaesthetic.
18. Surgical neonates who will not be returning to NCC will require a discharge letter to be written for SCH CICU. Handover of these neonates needs to occur pre-operatively. A copy of the medication chart and discharge summary to accompany the neonate to theatres.
19. Handover of the neonate from the anaesthetic staff to the NCC medical and nursing team must occur at the bedside. This should include the operation report with post-operative instructions.

6. DOCUMENTATION

- eMR
- Neonatal Observation Chart
- NICUS database
- Pre-op checklist

7. RELATED POLICIES/PROCEDURES/CLINICAL PRACTICE LOP

- Post-operative Care - Post-operative Care

8. RISK RATING

- Low

9. NATIONAL STANDARD

- Standard 1 Governance for Safety and quality in Health Service Organisation
- Standard 5 Patient Identification and Procedure Matching
- Standard 6 Clinical Handover

10. ABBREVIATIONS AND DEFINITIONS OF TERMS

NCC	Newborn Care Centre	SCH	Sydney Children's Hospital
ETT	Endotracheal tube	RHW	Royal Hospital for Women
NBST	Newborn Screening Test	OT	Operating Theatre
FBC	Full Blood Count	CICU	Children's Intensive Care Unit
MRN	Medical Record Number		

11. REFERENCES

Nil

12. AUTHOR

Primary	Oct 1996	KB Lindrea (CNC)
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