

Monitoring ex-premature Infants Post General Anaesthetic (PIP)

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The following guidance is taken from the Partners In Paediatrics (PIP)

Monitoring ex-prem post GA 2016–18

MONITORING EX-PREMATURE INFANTS POST GENERAL ANAESTHETIC

- Risk of apnoea after general anaesthetic (GA)
 - increased if anaemic
- with chronic lung disease who have required oxygen treatment within last 6 months

MANAGEMENT

Pre-operative

- Check haemoglobin
- if Hb <90 g/L, arrange transfusion
- Arrange overnight stay for post-operative monitoring if:
 - full term (≥37 weeks), and aged <1 month
 - preterm (<37 weeks), and <60 weeks post-conceptual age
- Overnight stay may also be at discretion of anaesthetist and surgeon

Immediate post-GA period

- Transfer patient with oxygen supply, continuous SpO₂ monitoring and full resuscitative equipment
- Admit patient to a designated HDU ward area

Subsequent post-GA management

- High dependency nursing care
- Monitoring to include:
 - continuous pulse oximetry
 - continuous ECG
 - continuous respiratory rate
 - transcutaneous CO₂
- If apnoea >15 sec:
 - immediate respiratory support by nurse (airway manoeuvres, bag and mask ventilation)
 - contact **on-call paediatric middle grade, or resident anaesthetist in charge**
 - liaise with anaesthetist responsible for patient
 - review period of HDU care

DISCHARGE AND FOLLOW-UP

- Discharge patient home same day or next day providing there have been no apnoeic episodes