

PAEDIATRIC NURSING PRACTICE MANUAL  
SECTION 8

CARE OF THE CHILD WITH A SURGICAL CONDITION

8.2 ANAESTHETICS

**8.2.1 SPECIAL CONSIDERATIONS FOR INFANTS POST ANAESTHETIC**

**Aim**

To detect and manage significant episodes of postoperative apnoea, bradycardia and/or hypoxemia.

**Definitions**

*Gestational Age* = How many weeks gestation the baby was born at.

*Post Conceptual Age* = Gestational age + weeks of life.

**Background information**

Ex preterm infants (less than 37 weeks gestation) are at significant risk of episodes of life threatening apnoea following anaesthesia. Where possible procedures will be delayed until after post conceptual age 52/40.

Apnoeic episodes rarely occur in full term infants.

**Key points**

1. The decision to admit/monitor term infants <44/40 post conceptual age should be made by the Anaesthetist and be documented in the infant's medical notes.
2. The care described here is additional to that in [PNPM 8.3.1](#) Postoperative / Procedural Care & [PNPM 8.3.2](#) Post Anaesthetic Complications.
3. A Corometrics™ monitor should be used Refer to [PNPM 3.1.4](#) Infant Apnoea Monitors.
4. Heart rate and respiration rate must also be undertaken and documented.
5. Pulse oximeter monitoring may also be requested. This should be documented in the infant's progress notes.
6. **The decision to admit infants for postoperative monitoring must be made by the Anaesthetist.** This assessment is based on the infant's age (gestational and post conceptual), the related risk and the type of surgery undertaken ie. minor or major.
7. The infant's medical notes should give a clear outline of the plan for discharge. If not the infant must be assessed by the Anaesthetist and/or surgical team prior to discharge.

### EX PRETERM INFANTS $\leq$ 48/40 Post conceptual age

Note: Babies whose post conceptual age is  $<44/40$  weeks are at particular risk and admission to NICU/PICU may be considered

Admitted overnight

Monitored for minimum 12 hours

OR

If apnoea occurs, for 12 hours after the last apnoeic episode.

### EX PRETERM INFANTS $\leq$ 52 weeks post conceptual age

**With co-morbidity of: ongoing or recent apnoea, peri or post operative opioids, anaemia, chronic lung disease +/- CNS disease**

Admitted overnight

Monitored for minimum 12 hours

OR

If apnoea occurs, for 12 hours after the last apnoeic episode.

### EX PRETERM INFANTS with NO co-morbidity

May be discharged home after an uneventful postoperative monitored period of 6 hours.

This however is assessed by the Anaesthetist and dependant on the infant's gestational/post conceptual age.

- GA 35/40 or more can be considered for day surgery at PCA 48/40 or more
- GA 34/40 or less can only be considered for day surgery at PCA 52/40 or more

### TERM BABIES (44 weeks or more post conceptual age)

With the consent of the Anaesthetist, otherwise healthy term infants can be managed as a day case after an uneventful postoperative monitoring period of 6 hours.

### TERM BABIES > 3 months of age

Otherwise healthy term infants can be monitored as per usual postoperatively.

*THIS DOCUMENT IS BASED ON THE ANAESTHETIC & PAIN MEDICINE DEPARTMENTS 'GUIDELINES FOR THE POST-ANAESTHETIC MANAGEMENT OF EX-PRETERM INFANTS AND NEONATES.'*

*IT MUST NOT BE AMENDED WITHOUT CONSULTATION WITH THE DEPARTMENT*


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