

# Checklist for Infants Transferred for Surgery

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

UHPI/CHI: \_\_\_\_\_

RIE Consultant: \_\_\_\_\_

RHSC Surgeon: \_\_\_\_\_

Date: \_\_\_\_\_

Baby fasted from: \_\_\_\_\_

Fasting includes oral medicines? *(please circle)*

YES

NO

Two name-bands completed and attached to the baby:

Consent form completed and attached:

Consent form to be completed in recovery:

Interim summary completed and attached:

Blood products available? *(please circle)*

YES

NO

If products available:

What products: \_\_\_\_\_

How much: \_\_\_\_\_

Where are they stored: \_\_\_\_\_

## LINES:

At least one peripheral line available for anaesthetic use:

If UVC & UAC present, has this been discussed with Surgeon?

YES

NO

*(Having two umbilical lines can make laparotomy difficult)*

## INTUBATED BABIES:

If neurosurgery, has tube fixation been discussed with Anaesthetist?

YES

NO

*(A hat with ties can make neurosurgery difficult)*

## UNINTUBATED BABIES:

Is intubation required for operation?

YES

NO

Has location / timing of intubation been discussed with Anaesthetist?

YES

NO

Has a cuffed tube been used? *(record mls used \_\_\_\_\_)*

YES

NO

## MEDICATION:

Is any medication due during theatre?

YES

NO

If so, what and when? \_\_\_\_\_

## IF RETURN TO SIMPSON'S POST-OP

Copy of operation note

Copy of anaesthetic chart

The three next tasks on arrival to SCRH (eg. feed/meds/infusion/parental communication)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_