

PREOPERATIVE DETAILS

To be completed by NICU medical team and discussed with anaesthesia team

BACKGROUND

Surgical Procedure: _____ NICU SMO: _____
Gestation: _____ Corrected age: _____ SMO phone number: _____
Current Weight: _____ Name/contact for other relevant specialists (e.g. cardiology): _____
Current active problems: _____

Baseline observations in NICU

O₂ Sats: _____ Heart Rate: _____ Cardiac diagnosis? ☐ Yes ☐ No
Echo done: ☐ Yes ☐ No Report available: ☐ Yes ☐ No
Current BP: _____ Temperature: _____ Vit K given? ☐ IM ☐ Oral ☐ None

AIRWAY

Intubated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Low flow O ₂ : <input type="checkbox"/> Yes <input type="checkbox"/> No	Flow rate: _____
ETT size/depth: _____	CPAP: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pressure/FiO ₂ : ____ / ____
ETT: <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed	HiFlow: <input type="checkbox"/> Yes <input type="checkbox"/> No	Flow rate/FiO ₂ : ____ / ____
Intubated specifically for OR? <input type="checkbox"/> Yes <input type="checkbox"/> No	Nitric: <input type="checkbox"/> Yes <input type="checkbox"/> No	PPM: _____
Intubation: <input type="checkbox"/> 1 <input type="checkbox"/> 2a <input type="checkbox"/> 2b <input type="checkbox"/> 3 <input type="checkbox"/> 4 (modified Cormack-Lehane)		

VENTILATION

Ventilator mode: _____ PIP/PEEP: _____
FiO₂: _____ Tidal volume (mls): _____ Tidal volume (mls/kg) _____ Rate: _____

CIRCULATION AND ACCESS

ALL lines currently in situ, including location:

Inotropes ☐ Yes ☐ No Inotrope details: _____

NUTRITION AND MEDICATIONS

Last BGL and time taken: _____ Allergies: _____
IVN ☐ Yes ☐ No Time of last feed: _____
Medications due: _____ Antibiotics? ☐ Yes ☐ No
Antibiotic name/dose/next dose: _____

HANDOVER CHECKLIST *To be discussed by NICU medical team and anaesthesia*

Has there been a discussion regarding the need for new lines in the OR? ☐ Yes ☐ No
(e.g. arterial lines, central lines, locations, requirements post-op)
Blood availability: Group and Hold: ☐ Yes ☐ No
Cross-match: ☐ Yes ☐ No Units: _____
Has a postoperative plan been discussed? E.g. plan to extubate ☐ Yes ☐ No

Completed by: _____ Sign: _____ Date: _____

MUST ATTACH PATIENT LABEL HERE

SURNAME: _____ NHI: _____

FIRST NAMES: _____ DOB: _____

Please ensure you attach the correct visit patient label

POSTOPERATIVE DETAILS

To be completed by anaesthetic team and discussed with NICU team at the time of handover

SURGICAL DETAILS

Diagnosis:

Anaesthesia SMO:

Surgery performed:

SMO phone number:

PERIOPERATIVE CONCERNS

Obs at time of handover to NICU

Temperature:

BP (sys/dias/mean):

HR:

O₂ sats:

AIRWAY

Intubated? ☐ Yes ☐ No

ETT size/depth:

ETT: ☐ Cuffed ☐ Uncuffed

Intubation: ☐ 1 ☐ 2a ☐ 2b ☐ 3 ☐ 4

(modified Cormack-Lehane)

Low flow O₂: ☐ Yes ☐ No Flow rate:

CPAP: ☐ Yes ☐ No Pressure/FiO₂: ____ / ____

HiFlow: ☐ Yes ☐ No Flow rate/FiO₂: ____ / ____

Nitric: ☐ Yes ☐ No PPM: ____

VENTILATION

Ventilator mode:

PIP/PEEP:

FiO₂:

Tidal volume (mls):

Tidal volume (mls/kg)

Rate:

CIRCULATION AND ACCESS

ALL NEW lines placed in theatre (type, location):

CVC checked on Xray? ☐ Yes ☐ No

Tip position (please describe) _____

Was there any difficulty placing lines? ☐ Yes ☐ No

Tip position adjusted? ☐ Yes ☐ No

Re-Xray required? ☐ Yes ☐ No

Any drains in place? ☐ Yes ☐ No

Inotropes ☐ Yes ☐ No

IDC in situ? ☐ Yes ☐ No

Inotrope details:

Balloon? ☐ Yes ☐ No

Other fluids/infusions running:

Wound ooze/other concerns:

NUTRITION AND MEDICATIONS

Last blood glucose and time taken:

Antibiotics given? ☐ Yes ☐ No

Volume expansion given in theatre (incl blood):

Antibiotic name/dose/time given:

HANDOVER CHECKLIST *To be discussed by NICU medical team and anaesthesia*

Has there been a detailed discussion about new lines, including position/need for adjustment? ☐ Yes ☐ No

Has there been a discussion about whether all vascular access will still be required in NICU? ☐ Yes ☐ No

Where there is arterial access, is a heparin infusion running? ☐ Yes ☐ No

Completed by: _____ Sign: _____ Date: _____