

**Joan Kirner Women's and Children's  
Division of Women's and Children's Services &  
Division of Perioperative and Critical Care Services  
Paediatric Surgical Services  
Operating Guideline**

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# Paediatric Surgical Services

## Operating Guideline

### Document Control

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## Abbreviations and Acronyms

<b>ADT</b>	Admission, Discharge, Transfer
<b>ALS</b>	Advanced Life Support
<b>ANTT</b>	Aseptic Non-Touch Technique
<b>ANUM</b>	Associate Nurse Unit Manager
<b>BLS</b>	Basic Life Support
<b>BLSD</b>	Basic Life Support and Defibrillation
<b>CSSD</b>	Central Sterile Services Department
<b>DHHS</b>	Department of Health and Human Services
<b>DMR</b>	Digital Medical Record
<b>DOSA</b>	Day of Surgery Admissions
<b>DPU</b>	Day Procedure Unit
<b>ED</b>	Emergency Department
<b>EMR</b>	Electronic Medical Record
<b>ENT</b>	Ear, Nose and Throat
<b>ESD</b>	Environmental Services Department
<b>GP</b>	General Practitioner
<b>HMO</b>	Hospital Medical Officer
<b>ICU</b>	Intensive Care Unit
<b>JKWC</b>	Joan Kirner Women's and Children's
<b>MRI</b>	Magnetic Resonance Imaging
<b>NIC</b>	Nurse-In-Charge
<b>NLS</b>	Neonatal Life Support
<b>P&amp;CC</b>	Perioperative and Critical Care
<b>PAC</b>	Pre-Admission Clinic
<b>PACU</b>	Post-Anaesthetic Care Unit
<b>PLS</b>	Paediatric Life Support
<b>PPG</b>	Policy, Procedure, Guideline
<b>PSA</b>	Patient Services Assistant
<b>RCH</b>	Royal Children's Hospital
<b>SH</b>	Sunshine Hospital
<b>TCI</b>	To Come In
<b>W&amp;C</b>	Women's and Children's
<b>WH</b>	Western Health
<b>WHMI</b>	Western Health Medical Imaging

## 1. Introduction

### 1.1 Purpose

The purpose of this Operating Guideline is to profile Paediatric Surgical Services and to provide full detail of the day to day operation of the service.

This Operating Guideline describe the various components and associated processes of the patient journey, staffing requirements, leadership and management structures, clinical and non-clinical support requirements, infrastructure requirements and communications procedures.

### 1.2 Intended Audience

This Operating Guideline is intended for the following audience:

Who	Utilisation
<ul style="list-style-type: none"> <li>• P&amp;CC Leadership &amp; Management Team</li> <li>• W&amp;C Leadership &amp; Management Team</li> <li>• W&amp;C Services Operational Projects Team</li> </ul>	<ul style="list-style-type: none"> <li>• To be used as a baseline plan and overall tool to define what and how Paediatric Surgical Services operate.</li> </ul>
<ul style="list-style-type: none"> <li>• Frontline staff</li> </ul>	<ul style="list-style-type: none"> <li>• To provide frontline staff, particularly those who are new to the service, with a detailed understanding of the day to day operation of Paediatric Surgical Services.</li> </ul>

Table 1: Intended audience

### 1.3 Related Documents

This document forms part of a suite of documentation outlining the provision of paediatric service delivery across various phases of care at Western Health (WH).

As such, it should be considered in conjunction with the following:

- *Paediatric Services Model of Care (2019)*
- *Children's Ward Operating Guideline (2019)*
- *Paediatric and Neonatal Specialist Clinics and Paediatric Allied Health Operating Guideline (2019)*

## 2. Service Overview

Western Health's Paediatric Surgical Services provide a limited range of elective and emergency general and sub-specialty surgical services for children and adolescents. Neonatal surgical services are not currently provided at WH. Paediatric Surgical Services are provided by the Division of Perioperative and Critical Care (P&CC) Services.

### 2.1 Services Provided

#### 2.1.1 Ear, Nose and Throat (ENT)

Western Health provides both elective and emergency low to moderate complexity ENT surgery for paediatric patients, in addition to ambulatory paediatric specific specialist clinics to support pre- and post-operative review.

The most commonly performed surgical procedures are tonsillectomy and adenoidectomy, with higher complexity cases, such as reconstructive airway surgery and major head and neck surgery, referred to higher complexity services such as the Royal Children's Hospital (RCH).

### 2.1.2 General Surgery

Western Health provides five dedicated paediatric general surgery day case theatre lists over the four week theatre cycle, in addition to ambulatory paediatric specific specialist clinics to support pre- and post-operative review.

Elective paediatric general surgery is provided by paediatric general surgeons employed by WH, but who have substantive appointments at RCH, with hernia repairs, circumcisions, undescended testes and tongue ties the most commonly performed procedures.

Higher complexity general surgery services, including those that require specialist anaesthetic input (e.g. due to pre-existing cardiac condition) and possible intensive care requirements post-operatively, are referred to higher complexity services such as the RCH.

Emergency general surgery on paediatric patients, both in hours and out of hours, is provided by WH adult general surgeons for children aged over ten years. Children younger than ten years who require emergency paediatric general surgery are transferred to higher complexity services such as the RCH.

Post-operatively, multiday stay patients are admitted to the Children's Ward under the sub specialty adult bed card, who can consult with paediatric medical unit as the need arises.

### 2.1.3 Ophthalmology

Western Health provides a very limited elective and emergency ophthalmology surgical service for paediatrics, predominantly for management of squint and cyst removal. It is of note that Ophthalmology services are frequently engaged to review inpatient Paediatric Medicine inpatients and a surgical intervention is not required.

Western Health does not currently provide high complexity Ophthalmology surgery, with these patients referred to higher complexity services such as the RCH.

### 2.1.4 Orthopaedics

Western Health provides a range of low to moderate complexity elective paediatric orthopaedic surgery, in addition to ambulatory paediatric specific fracture clinics and specialist clinics to support pre- and post-operative review.

Elective orthopaedic surgery and in-hours emergency surgery are provided by paediatric orthopaedic surgeons who are employed by WH but have substantive appointments at RCH, while emergency out of hours surgery is provided by on call WH orthopaedic staff who cover both adult and paediatric surgery.

Higher complexity orthopaedic services, such as spinal surgery and any surgery that requires specialist anaesthetic input (e.g. due to pre-existing cardiac condition) are referred to higher complexity services such as the RCH.

### 2.1.5 Plastic and Reconstructive Surgery

Western Health provides both elective and emergency low to moderate complexity plastic and reconstructive surgery for paediatric patients, in addition to an ambulatory paediatric specific specialist clinic to support pre- and post-operative review.

Hand conditions including injuries and anomalies, soft tissue and wound debridement, and removal of skin lesions are most commonly treated. Higher complexity cases, such as craniofacial and large vascular anomalies, as well as major burns, are referred to higher complexity services at the RCH.

#### 2.1.6 Elective General Anaesthetic MRI List

WH provides a paediatric elective general anaesthetic MRI list once a month. Patients attending for an elective general anaesthetic MRI list present to the JKWC DOSA for admission, including nursing admission and assessment by the anaesthetist, prior to being transferred to the MRI induction area in WH Medical Imaging (WHMI) Department on the Ground Floor.

Following MRI, patients are transferred to the SH Main Theatres for Stage One Recovery prior to returning to the JKWC DOSA for Stage Two/Three Recovery and discharge home. The patient flow for elective paediatric MRI is detailed in Appendix 2.

Patients from the Children's Ward requiring an MRI under anaesthetic while an inpatient are transferred to the MRI induction area in WHMI on the Ground Floor. Following MRI, patients are transferred to the SH Main Theatres for Stage One Recovery prior to returning to the Children's Ward.

## 2.2 Services not Provided:

Western Health does not provide the following Paediatric Surgical Services:

- Cardiac Surgery
- Dentistry
- Gynaecological Surgery
- Major burns
- Maxillofacial Surgery
- Neurosurgery
- Thoracics
- Transplants
- Urology

## 2.3 Patient Profile

Paediatric Surgical Services are provided for children aged 16 years and under. WH does not provide any surgical services for neonates.

## 2.4 Capacity

Paediatric Surgical Services provide 15 dedicated paediatric elective theatre sessions per four week theatre cycle. It may be necessary to perform some elective paediatric surgery on combined adult lists in the SH main theatres; this would be in the sub specialties of Plastics & ENT.

Each elective theatre session is four hours long:

- AM session: 08:30 – 12:30
- PM session: 13:30 – 17:30

The number of children booked per elective theatre session ranges between two to six according to the complexity and length of each procedure.

## 2.5 Location and Operating Hours

The majority of elective Paediatric Surgical Services at WH are provided in the JKWC Operating Theatre Suite at the Sunshine Hospital (SH) site, with the exception of Ophthalmology and Paediatric

General Anaesthetic MRI theatre lists which are provided in the SH Main Operating Theatre Suite as outlined in Table 2. Theatre Two in the JKWC is predominantly utilised for paediatric surgery.

Emergency paediatric surgical services are provided in both the JKWC Operating Theatre Suite and the SH Main Operating Theatre Suite as outlined in Table 2.

Service	Location – Elective Surgery	Location – Emergency Surgery
Paediatric ENT Surgery	JKWC	JKWC (SH Main Theatres as secondary option should timely access to JKWC not be possible)
Paediatric General Surgery	JKWC	SH Main Theatres
Paediatric Ophthalmology Surgery	SH Main Theatres	SH Main Theatres
Paediatric Orthopaedic Surgery	JKWC	JKWC
Paediatric Plastic Surgery	JKWC	JKWC

Table 2: Location of Paediatric Surgical Services

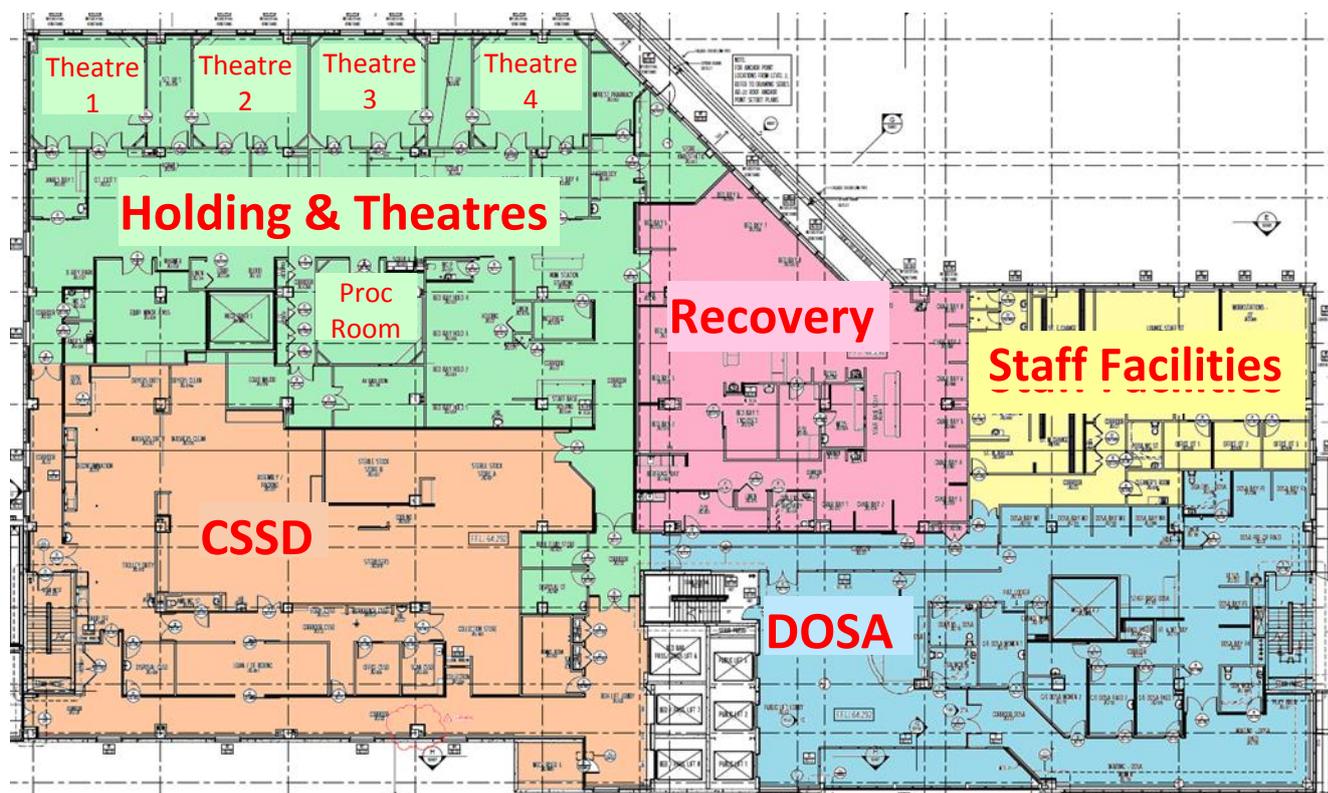


Figure 1: JKWC Level Two

Elective Paediatric Surgical Services are provided between 08:00 – 17:30 Monday to Friday, while emergency services are provided 24 hours per day, seven days per week.

## 3. Service Delivery

### 3.1 Referral

#### 3.1.1 Referral Sources

Referral for paediatric surgery at WH must be made by a senior medical practitioner, namely a Registrar or Consultant.

Referrals for elective paediatric surgery are accepted from the following sources:

- Children's Ward
- External hospital Specialist Clinics if that Consultant is on WH staff
- Paediatric Specialist Clinics
- Private Consulting Rooms if that Consultant is a WH staff member

Referrals for emergency paediatric surgery are received from the following internal sources:

- Children's Ward
- Emergency Department (ED)

#### 3.1.2 Referral Forms

The [Request for Elective Admission \(AD 32\)](#) is used for all elective surgery referrals at WH. The AD 32 contains key information required for referral, as detailed in the Department of Health and Human Services' [\(DHHS\) Elective Surgery Access Policy \(2015\)](#).

There is no referral form for emergency surgery. Consent for all emergency surgery procedures is recorded on the [Consent Form \(AD 34\)](#).

#### 3.1.3 Referral Process

##### *Elective Surgery*

The [Request for Elective Admission \(AD 32\)](#) is completed by the referring medical practitioner and must indicate the urgency category of the required surgery. Incomplete or illegible booking forms will not be accepted by the bookings office.

Referrals from the Paediatric Specialist Clinics are placed into the elective surgery referrals tray in clinic where they are collected at the completion of each clinic by the relevant Surgical Liaison Nurse for each sub-specialty. If clinics run overtime, the Surgical Liaison Nurse will collect the referrals the following business day.

The Surgical Liaison Nurse will forward all referrals to the SH Elective Booking Clerk for completion of clerical registration and addition to the elective surgery waiting list on iPM.

Urgent Category One referrals from the Children's Inpatient Ward, external Private Consultant Rooms or external hospital Specialist Clinics may be emailed directly to the Surgical Liaison Nurse or sent directly to the Elective Booking Office via email or fax. This process should only occur for urgent Category One referrals, or in the event the Surgical Liaison nurse does not attend clinic for more than two working days. For all other referrals Category Two and Three, original paperwork must be received.

*Email:* electivebookings@wh.org.au

*Fax:* 8345 6205

Where referrals are sent directly to the Elective Booking Office, the Booking Office will forward an electronic copy of the referral to the relevant Surgical Liaison Nurse for triage and appropriate allocation for surgery.

Referral for elective surgery must be received within three working days from the date the consent form was obtained and surgery is recommended.

### *Emergency Surgery*

All unplanned/emergency paediatric surgical cases, including those to be done in hours on elective theatre lists, must be discussed with the relevant Theatre NIC and the relevant Anaesthetist in Charge. Discussion will include the relative urgency of the case, so that the case can be prioritised and scheduled.

The relevant Theatre NIC is responsible for coordinating the theatre team and ensuring the theatre is set up and ready for the patient's arrival.

The referring practitioner must then enter the patient's details onto 'Simon', the electronic emergency theatre booking system.

## 3.2 Triage & Registration

### 3.2.1 Clinical Triage

All elective surgery referrals are triaged by the referring medical practitioner into one of three urgency categories as described in the [\(DHHS\) Elective Surgery Access Policy \(2015\)](#).

Emergency surgery urgency classification is triaged by the referring medical practitioner in accordance with the six triage categories detailed in Simon:

- Cat 1/2 Emergency Cases- all hours
- Cat 3/4 Emergency Cases- all hours
- Cat 5/6 Emergency Cases- all hours

### 3.2.2 Clerical Registration

The Elective Booking Office, located at Footscray Hospital, manages the clerical registration of all elective surgery referrals across all WH sites in accordance with WH's [Elective Surgery Access Policy](#).

Accepted referrals are registered electronically on the elective surgery waiting list on iPM by the Elective Booking Office staff.

### 3.2.3 Pre-Admission Clinic (PAC) Triage

All elective paediatric surgery referrals are triaged for their requirement for Pre-Admission Clinic (PAC). The PAC Associate Nurse Unit Manager (ANUM) attends the Elective Booking Office twice daily at 10:00 and 14:00 to complete the triage, utilising a combination of the Pre-Admission Triaging Guidelines (stored in the PAC folder on the Shared Drive) and clinical knowledge. The PAC triage outcome is documented on the [Request for Elective Admission \(AD 32\)](#).

There is currently no paediatric PAC service at WH however paediatric patients may, on occasion, be referred to anaesthetics for a file review or consultation if clinically indicated.

### 3.2.4 Scheduling of Elective Paediatric Surgery

Elective paediatric theatre lists are generated by the relevant Surgical Liaison Nurse using a treat-in-turn approach. The Surgical Liaison Nurse must ensure the most appropriate number and mix of cases are scheduled for each theatre session, taking into consideration the following factors:

- Complexity of each procedure
- Expected duration of each procedure
- Staffing skill mix and specialty requirements

The Surgical Liaison Nurse records the planned theatre lists in a live Excel database which is shared with the Elective Booking Office. The Elective Booking Office is responsible for formally booking the surgery onto iPM and sending a confirmation to come in (TCI) letter to the patient.

## 3.3 Service Provision

### 3.3.1 Pre-Admission Clinic (PAC)

There are currently no dedicated paediatric PAC clinics at WH. On occasion, anaesthetics will complete a file review or a consultation in the SH PAC, located in the Basement of Building A, on a paediatric patient if clinically indicated.

### 3.3.2 Patient Arrival

The majority of children presenting for elective surgery are admitted on the day of surgery. All paediatric surgery patient, regardless of the location of their surgery, are admitted via the JKWC Operating Theatre Suite DOSA. Refer to Appendix 2 for paediatric elective surgery patient flows.

Patients who are scheduled on an am theatre list are asked to arrive at 07:00 while patients who are scheduled on a pm theatre list are asked to arrive at 12:00.

There is dedicated children's waiting and play area located adjacent to the JKWC DOSA reception.

On occasion, patients may be admitted to the Children's Ward in the days prior to surgery if pre-operative stabilisation or treatment is required. Patients will be taken directly from the ward to the Holding Bay of the relevant operating theatre suite on the day of surgery.

Emergency surgery cases are taken directly to the Holding Bay or to the operating theatre of the relevant operating theatre suite pending the urgency of the case. Refer to Appendix 2 for paediatric emergency surgery patient flows.

### 3.3.3 Clerical Admission

Elective paediatric surgery clerical admissions are completed by the DOSA Ward Clerk during hours or the Admission, Discharge and Transfer (ADT) clerk, located in the Emergency Department (ED), out of hours.

The clerical admission involves the following steps:

1. Review of the TCI letter including confirmation of the surgical procedure
2. Confirmation of the patient's registration details, including personal details, next of kin contact data, Medicare details and referring doctor data

The Ward Clerk will print the patient's surgical consent form from BOSSnet which will accompany the patient to theatre.

Emergency surgery clerical admissions require the referring medical practitioner to enter the patient's details onto Simon. This registration on Simon is followed by a clerical transfer of the patient to a theatre by the relevant Theatre NIC.

### 3.3.4 Clinical Services

#### *Nursing Pre-Operative Assessment*

A nursing pre-operative assessment is completed for all elective paediatric surgery admissions in one of the JKWC DOSA consult rooms.

The nursing pre-operative assessment involves the following key steps:

- Confirmation of the child's name and identifiers to apply identification bands
- Checking allergies and alerts in the Electronic Medical Record (EMR) and applying allergy bands if indicated
- Completion of the [Infectious Diseases Admission Screening \(WHAD 24\)](#) in the EMR
- Completion of the *Paediatric Risk Screening Assessment* in the EMR
- Completion of paper-based admission documentation including:
  - [Multi-Day Anaesthetic Record \(AD 263\)](#) for multi-day cases – *complete medical history*
  - [Passport to Surgery \(AD 250\)](#)
  - [Pre-Admission Health Questionnaire \(AD 62\)](#) for multi-day cases – *complete medical history*
  - [Same Day Anaesthetic Record \(AD 252\)](#) for same day cases - *complete medical history*
- Recording of allergies and ordering of medications on the EMR
- Confirmation of fasting status
- Pre-medication administration as appropriate, including oral paracetamol in accordance with the [Nurse Initiated Paracetamol Loading Dose Before Elective Surgery Procedure](#) and topical local anaesthesia cream to sites of potential intravenous access
- Weight documented on EMR and on Passport to Surgery

The patient will then get changed ready to await their surgical procedure in the JKWC DOSA children's waiting and play area.

Emergency cases receive their nursing assessment prior to arrival in the theatre, either in the ED or on the children's ward depending on their referral source.

#### *Medical Pre-Operative Assessment*

All paediatric surgical patients are reviewed on the day of surgery pre-operatively by the consultant or registrar who will be performing the surgery. The medical pre-operative consultation usually takes place in the JKWC DOSA consult room however may take place in the SH Main Holding Bay for elective cases being performed in the SH Main Theatres, or the relevant Holding Bay or theatre for emergency cases.

#### *Anaesthetic Pre-Operative Assessment*

All paediatric surgical patients are reviewed on the day of surgery pre-operatively by the treating anaesthetist. The anaesthetic pre-operative consultation usually takes place in the JKWC DOSA consult room however may take place in the SH Main Holding Bay for elective cases being performed in the SH Main Theatres, or the relevant theatre suite Holding Bay or theatre for emergency cases.

The anaesthetist will review the patient's current and past medical history, social history and safety for anaesthesia, and will also discuss the plans for anaesthesia with the patient and their family.

#### *Anaesthetic Sign In*

The Anaesthetic Sign In is completed on the back of the [Passport to Surgery \(AD 250\)](#) by a medical officer within the anaesthetic team.

The steps required to be undertaken during the Anaesthetic Sign In are outlined in the [Correct Patient, Correct Procedure, Correct Site \(Time Out\) Procedure](#).

Anaesthetic induction takes place within the anaesthetic induction bay or the operating theatre for all paediatric surgery cases.

#### *Team Time Out*

Prior to the commencement of any surgical procedure, the Scout Nurse, with the support of the surgeon, calls a Team Time Out following anaesthetic induction and prior to patient positioning and skin preparation in accordance with the [Correct Patient, Correct Procedure, Correct Site \(Time Out\) Procedure](#).

The Team Time Out is signed by the Scout Nurse or the surgeon/proceduralist on the back of the [Passport to Surgery \(AD 250\)](#) once all checks have been completed.

#### *Surgery Commencement*

To facilitate efficient management of the operating theatres, the expected 'knife to skin' time is 08:30 for am theatre sessions and 13:30 for pm theatre sessions.

#### *Medical Imaging*

A radiographer may be requested to attend the operating theatre to operate the mobile image intensifier (II) during orthopaedic and plastics theatre cases.

A general anaesthetic MRI service is also provided for paediatric patients in the WHMI Department which is located on the Ground Floor in Building A/B. This service provides a dedicated monthly list in addition to a case by case inpatient service. Patients on the monthly general anaesthetic MRI list are admitted via the JKWC Operating Theatre Suite, undergo their anaesthetic induction and procedure in the WHMI Department, Stage One Recovery in the SH Main Operating Theatre Suite and undergo Stage Two/Three Recovery and discharge in the JKWC Operating Theatre Suite. Refer to Appendix 2 for paediatric general anaesthetic MRI patient flows.

#### *Pathology*

Requests for pathology tests will be completed via the EMR in accordance with the [Zero Tolerance with Incomplete Request Form Documentation – Pathology and Medical Imaging Procedure](#). Staff can find quick reference guides in relation to pathology ordering and collection on the [Live EMR website](#).

Any specimens collected during the surgical procedure requiring pathology testing will be transported to the Pathology Laboratory, located on Level One of Building B. Transportation of specimens from the JKWC Operating Theatre Suite to the Pathology Laboratory is via pneumatic tube or in person. Examples of samples which will be required to be transported in person rather than via the PTS include:

1. The sample is too large for the pneumatic tube system (PTS)
2. The sample is in formalin
3. The sample may be affected by agitation, for example CSF samples

Urgent blood requests must be telephoned to the hospital transfusion laboratory. The requestor, typically the Anaesthetist, must clearly state the degree of urgency for the provision of blood and blood products, in accordance with the [Requesting Blood and Blood Products Procedure](#).

Critical bleeding and massive transfusion referrals involve a phone call from the Anaesthetist to the Consultant Haematologist and are made in accordance with the [Critical Bleeding and Massive Transfusion Procedure](#).

Processes for delivery of urgent time critical and routine blood products to the JKWC Operating Theatre Suite are awaiting confirmation following testing and validation of the JKWC pneumatic tube system.

Point of care testing is delivered in accordance with the [Implementation and Management of Point of Care Testing Devices Procedure](#).

#### *Team Sign Out*

On completion of the surgical procedure, the entire surgical team completes a Team Sign Out in accordance with the [Correct Patient, Correct Procedure, Correct Site \(Time Out\) Procedure](#).

The Team Sign Out is to be signed by the Scout Nurse/Registered Nurse on the back of the [Passport to Surgery \(AD 250\)](#) once all checks have been completed.

#### *Post-Anaesthetic Care Unit (PACU) / Stage One Recovery*

Upon completion of the surgical procedure, patients are transferred to the Post-Anaesthetic Care Unit (PACU), also referred to as Stage One Recovery in either the JKWC Operating Theatre Suite or the SH Main Operating Theatre Suite pending the location of their surgical procedure.

The nursing ratio for PACU/Stage One is 1:1 for all paediatric patients aged 16 years and under.

Paediatric patients in PACU/Stage One Recovery are monitored using the back of the [Multiday Anaesthesia Record \(AD 263\)](#). Observations are required to be recorded on the track and trigger post anaesthetic care record.

- Arrival in PACU/stage 1
- At a frequency of every five minutes until maintaining airway
- At a frequency of every ten minutes until Aldrete score for discharge
- At a frequency of every thirty minutes until discharge

The final set of observations is recorded on the relevant age specific *ViCTOR Chart* to ensure they are within acceptable parameters for transfer to the Children's Ward.

The discharge criteria for PACU/Stage One are a Modified Aldrete Score of  $\geq 9$  or  $\geq 8$  for regional blocks. Discharge is led by the PACU/Stage One Nurse. Patients who do not meet these criteria but are considered ready for discharge require the treating consultant/registrars to write and approve a modification.

#### *Stage Two / Three Recovery*

On discharge from PACU/Stage One, same day stay paediatric patients are transferred to the JKWC DOSA for Stage Two/Three Recovery, while multiday stay patients are transferred directly to the Children's Ward.

On occasion, same day stay patients who have had their surgical procedure late in the afternoon may not be ready for discharge home prior to the DOSA closing at 20:00. These patients will be transferred to the Children's Ward to continue their post-operative recovery and will be discharged home from the Children's Ward. The NIC of DOSA should ring the NIC of Children's ward at 1900hrs to inform them of the number of patients that will be required to be transferred to the Children's ward at 2000hrs, the children's ward retrieval nurse will go to DOSA to pick up the patient/s.

The nursing ratio for Stage Two/Three Recovery is typically 1:4.

Paediatric patients in Stage Two/Three Recovery continue to be monitored using the back of the [Same Day Anaesthesia Record \(AD 252\)](#), with observations required to be recorded half hourly for a minimum of two hours prior to discharge home.

The discharge criteria for Stage Two/Three Recovery are based on the Chung's discharge home check list. Discharge from the Stage Two/Three Recovery is led by the Paediatric DOSA Nurse.

On discharge home from the Stage Two/Three Recovery, patients and their families are provided relevant education and information materials including discharge instructions that are specific to their procedure.

#### *Transfer to the Children's Ward*

Transfer to the Children's Ward, located on Level Six of the JKWC, is facilitated by a nursing and PSA escort. The nursing escort is provided by Children's Ward staff.

#### 3.3.5 Documentation

Clinical documentation within the operating theatres and recovery is completed using a combination of the EMR and paper-based forms. Wounds, dressings, surgical drain tubes, catheters, fluid balance charts, invasive lines and medications are all documented directly into the EMR. All other clinical documentation remains on paper and theatre records are scanned into the Digital Medical Record (DMR) upon completion of the episode. A guide to the location of documents for the EMR can be found in the ['What Goes Where?'](#) document on the WH intranet.

Theatre details including all time stamps, staff names, procedure, diathermy, local anaesthetic, specimens, dressings, drain tubes, position, preps used, complications, specimens, CMBS codes, prostheses, and the theatre count sheet are also documented in iPM.

A typical same day paediatric surgical case will include the following documentation, which is bundled into a 'same day surgical pack':

- [Operation Report and Post-Operative Orders \(AD 253\)](#)
- [Passport to Surgery \(AD 250\)](#)
- [Perioperative Count Sheet \(AD 262\)](#)
- [Post-Anaesthetic Care Record \(AS 259.3\)](#)
- [Same Day Anaesthetic Record \(AD 252\)](#)
- ViCTOR chart appropriate to the child's age (<3 months (VP0003), 3-12 months (VP0312), 1-4 years (VP0014), 5-11 years (VP0511) and 12-18 years (VP1218))

The medication administration record (MAR) is completed in the EMR, in addition to the pre-operative [Infectious Diseases Admission Screening \(WHAD 24\)](#) and the [Paediatric Risk Screening Assessment](#).

A typical multiday paediatric surgical case will include the following documentation, which is bundled into a 'multiday surgical pack':

- [Multi-Day Anaesthesia Record \(AD 263\)](#)
- [Operation Report and Post-Operative Orders \(AD 253\)](#)
- [Passport to Surgery \(AD 250\)](#)
- [Perioperative Count Sheet \(AD 262\)](#)
- [Peripheral Intravenous Record \(AD 378\)](#)
- [Post-Anaesthetic Care Record \(AS 259.3\)](#)
- ViCTOR chart appropriate to the child's age (<3 months (VP0003), 3-12 months (VP0312), 1-4 years (VP0014), 5-11 years (VP0511) and 12-18 years (VP1218))
- [Tonsillectomy & Adenoidectomy Clinical Pathway\(AD103\)](#)\* as applicable

The MAR is completed in the EMR, in addition to the pre-operative [Infectious](#) and the [Paediatric Risk Screening Assessment](#).

Discharge summaries are completed electronically on BOSSnet.

### 3.4 Communication with Patients, Referrers and GPs

Any post-operative surgical and anaesthetic orders can be found on the [Operation Report and Post-Operative Orders \(AD 253\)](#) form. Anaesthetic orders can also be found on the back of the [Multi-Day Anaesthetic Record \(AD 263\)](#).

A discharge letter is completed by the treating medical team for all patients on discharge from the Operating Theatres or the Children's Ward following surgery. The discharge letter is sent to both the patient and their GP.

### 3.5 Discharge and Follow-Up

Following paediatric surgery, patients are either discharged directly home from the DOSA Stage Two/Three Recovery following same day surgery, or are transferred to the Children's Wards from PACU/Stage One Recovery for ongoing inpatient care following multiday stay surgery.

Follow-up options post discharges from the Children's Ward are detailed in the *Children's Ward Operating Guideline (2019)*. Follow up options following paediatric surgery may include review at one of the surgical sub-specialty specialist clinics.

## 4. Clinical Support Services

There is no dedicated paediatric pain management service to advise on the management of complex paediatric pain, however Anaesthesia and APMS provide skilled anaesthesia and analgesia services to children undergoing anaesthesia and surgical procedures. Timely pre-operative assessment by APMS, either as an outpatient in PAC or as an inpatient, facilitates the provision of advice for management of children with complex pain.

Management of complex peri-operative pain may require individual, or in combination, regional and systemic analgesia, including but not confined to patient controlled analgesia (PCA), opioid and ketamine infusions, oral analgesia and regional analgesia.

Analgesia strategies commenced intra-operatively, continue into the PACU environment and into the inpatient ward as clinically indicated.

Complex strategies may require intensive APMS nursing and medical intervention and APMS supervision over a longer duration than routine care. Day case procedures generally require less complex analgesia.

APMS also supervises the policy, procedure and guideline process for routine perioperative analgesia.

## 5. Non-Clinical Support Services

### 5.1 Central Sterile Services Department (CSSD)

The JKWC CSSD, located adjacent to the Operating Theatre Suite on Level Two of the JKWC, is responsible for cleaning, disinfecting and sterilising reusable medical and surgical instruments.

All items sterilised in the CSSD are tracked via a computerised tracking system, ScanCare.

The JKWC CSSD also stores and distributes single use medical devices and reusable linen to clinical departments within JKWC.

### 5.2 Clerical Services

The JKWC Operating Theatre Suite is supported by both admission clerks and DOSA clerks. Details of the role description and hours of these clerk roles can be found in the *W&C Surgical Services Model of Care (2019)*.

### 5.3 Environmental Services

The JKWC Operating Theatre Suite is supported by both PSAs and cleaners. Details of the role description and hours of these environmental service roles can be found in the *W&C Surgical Services Model of Care (2019)*.

### 5.4 Food Services

Details of the food services supporting the JKWC Operating Theatre Suite can be found in the *W&C Surgical Services Model of Care (2019)*.

### 5.5 Language Services

Interpreters should be used for paediatric surgery patients and their families whenever key information is being communicated or discussed. On-site face to face interpreting services are provided by in-house interpreters between the hours of 08:30 – 17:00, Monday to Friday.

Outside these hours, and for languages not provided by in-house interpreting services, external provider services (Language Loop) and telephone interpreting services (All Graduates Interpreting and Translation Services) can be used. Telephone interpreters are to be used for children requiring an interpreter who are first on an AM theatre list to ensure knife to skin time can commence at 08:30.

The [Language Services](#) page on the WH Intranet provides details on how to book interpreting services both in and out of hours.

## 5.6 Theatre Technicians

The Theatre Technicians are responsible for the preparation and terminal cleaning of the operating room and equipment. Key responsibilities of the Theatre Technicians include:

- Assisting in the preparation of the patient prior to surgery
- Assisting medical and nursing staff within the theatre
- Assisting with patient procedures as required
- Patient transportation
- Terminal cleaning of the operating theatre and preparing the theatre ready for the next patient

## 6. Infrastructure

### 6.1 Patient Care Environment

The JKWC Operating Theatre Suite is located on Level Two of the JKWC. The Operating Theatre Suite has a dedicated admissions area (DOSA), including a reception, separate women's and children's waiting spaces and children's play area, and patient bathroom facilities.

#### 6.1.1 Clinical Treatment Areas

The JKWC Operating Theatre Suite has the following clinical treatment spaces which are used by Paediatric Surgical Services:

- DOSA chair bays
- DOSA consult rooms
- Holding Bay
- Operating Theatres
- PACU/Stage One Recovery bed bays

The SH Main Operating Theatre Suite has the following clinical treatment spaces which are used by Paediatric Surgical Services:

- DPU consult rooms
- Holding Bay
- Operating Theatres
- PACU/Stage One Recovery bed bays

#### 6.1.2 Non-Clinical Areas

Both the JKWC Operating Theatre Suite and the SH Main Operating Theatre Suite contain the following non-clinical areas which are used by Paediatric Surgical Services:

- Anaesthetic store room

- Clean utility and medication room
- Dirty utility room
- Equipment storeroom
- Sterile stock store room

## 6.2 Staff Facilities

Staff working in Paediatric Surgical Services in the JKWC can access the JKWC Level Two staff lounge, staff change room, lockers and toilets as required. These facilities are available via swipe card access.

Dedicated offices and shared office and workstation facilities are available on JKWC Level Two. In addition, staff can access shared workstation facilities on Level Four, the Clinical Directorate.

## 7. Workforce

Clinical care in Paediatric Surgical Services is delivered by a multidisciplinary workforce that is staffed from the Division of P&CC Services.

Sunshine Hospital is a teaching hospital so there may also be students present within a theatre session and, on occasion, staff from the ED or ICU attending for airway management training.

If Cell Saver has been identified as being required pre-operatively, an external Cell Saver representative from *Cell Saving Perfusion Resources* will attend theatre to set up the machine/equipment. In emergency cases where Cell Saver is required, the Theatre Technician will set up the machine/equipment.

Table 3 outlines the Medical, Nursing, Anaesthetic and Theatre Technician workforce requirements for typical paediatric surgical cases.

Role	Division	Staff Numbers
Anaesthetic Consultant*	P&CC	1
Anaesthetic Nurse	P&CC	1
Consultant	P&CC	1
PACU/Recovery Nurse	P&CC	2**
Registrar	P&CC	0 – 1
Scout Nurse	P&CC	1
Scrub Nurse	P&CC	1
Theatre Technician	P&CC	1
Trainee Anaesthetist	P&CC	1

Table 3: Typical staffing within the operating theatre for a paediatric surgical case

\*Anaesthetists working at SH must be credentialed to provide care for paediatric patients aged one year and older. A core group of specialist anaesthetists are credentialed to provide care to children aged less than one year. At present, SH does not have 24 hour specialist paediatric anaesthesia cover; however there is a rotating roster of specialist paediatric anaesthetic assistance is offered to the specialist non-paediatric anaesthetist on call.

\*\* One Recovery Nurse per patient plus an extra nurse allocated to PACU for all paediatric surgical lists.

## 7.1 Mandatory Competencies

All WH staff are required to undertake annual mandatory training as outlined in the [Mandatory Training Procedure](#). Table 4 outlines the mandatory competencies for staff working in Paediatric Surgical Services.

	Nursing	Senior Medical Staff	Registrar & HMOs	Anaesth.	Clinical Support Staff
Aseptic and No Touch Technique (ANTT)	✓	✓	✓	✓	✗
Back 4 Life Patient Handling	✓	✗	✗	✓	✓
Basic Life Support (BLS)	✗	✗	✗	✗	✓
Basic Life Support and Defibrillation (BLS/D) or Advanced Life Support (ALS)	✓	✓	✓	✓	✗
Blood Components and Blood Transfusion Practice	✓	✗	✓	✗	✗
Epidural*	✓	✗	✗	✗	✗
Fire and Emergency Procedures	✓	✓	✓	✓	✓
General Manual Handling	✓	✓	✓	✓	✓
Hand Hygiene	✓	✓	✓	✓	✓
Neonatal and Paediatric Life Support (NLS and PLS)	✗	✓	✓	✓	✗
Prevention and Management of Occupational Violence	✓	✓	✓	✓	✓

Table 4: Mandatory competencies for staff working in Paediatric Surgical Services

\*Scrub Scout Nurses do not undertake epidural competency

## 8. Education & Training

### 8.1 Service-Based Education

An education session for all JKWC theatre nursing staff is held every four weeks (alternating fortnightly with a staff meeting) on a Friday at 08:00. The education session is led by the Theatre Nurse Unit Manager and the Theatre Nurse Educators.

In addition, the Division of P&CC holds a quarterly study day for all staff within the Division. On these days there are no elective theatre lists held to encourage maximum participation from staff across all four WH theatre sites (emergency theatres remain operational on these days). Staff education delivered at each study day is divided into streams, for example, anaesthetics, endoscopy and PACU.

All other education for staff working in Paediatric Surgical Services is organised by individual disciplines through observation, informal and formal education sessions.

## 8.2 Research

There is currently no dedicated research or academic roles within Paediatric Surgical Services, with no dedicated paediatric representation within the Department of Surgery. Research within Paediatric Surgical Services is primarily opportunistic, in collaboration with existing research groups, and is generally undertaken by staff with a dual role within an associated University or an external health service.

## 9. Policies, Procedures & Guidelines and Forms

Table 5 lists the WH policies, procedures and guidelines (PPGs) that are pertinent to Paediatric Surgical Services.

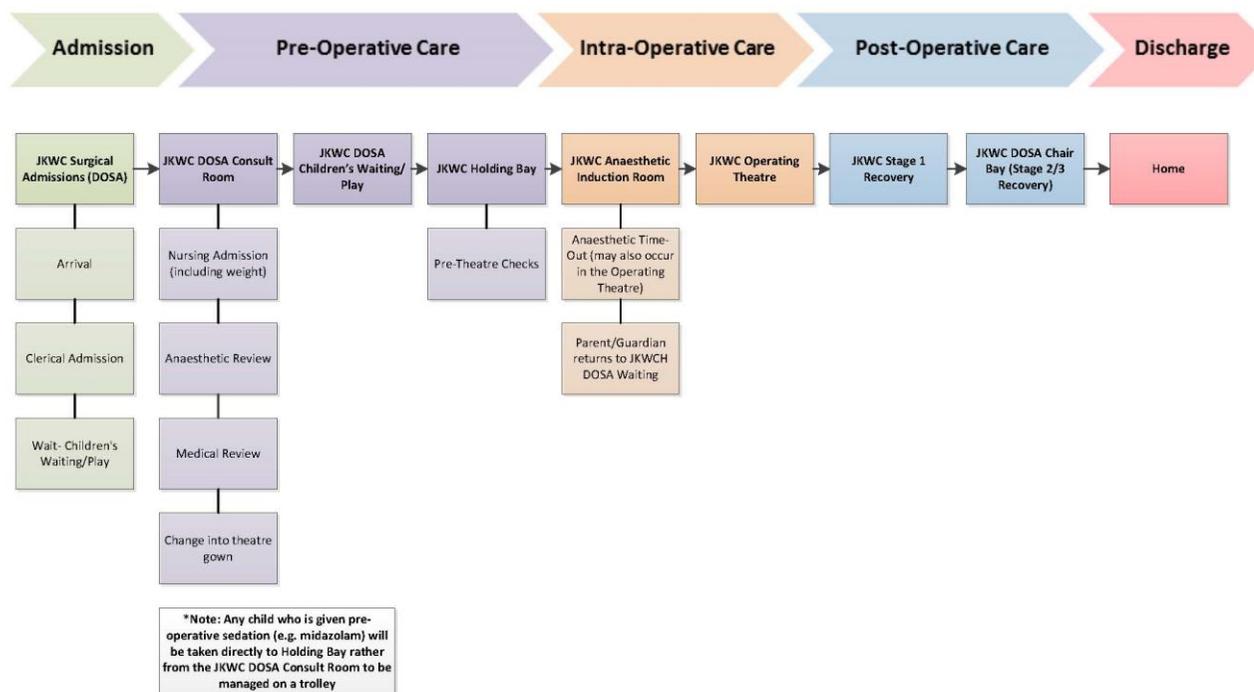
Title	Policy, Procedure or Guideline
<a href="#">Correct Patient, Correct Procedure, Correct Site (Time Out) Procedure</a>	Procedure
<a href="#">Critical Bleeding and Massive Transfusion Procedure</a>	Procedure
<a href="#">Fasting Procedure for all Patients Requiring Anaesthesia</a>	Procedure
<a href="#">Implementation and Management of Point of Care Testing Devices Procedure</a>	Procedure
<a href="#">Nurse Initiated Paracetamol Loading Dose Before Elective Surgery</a>	Procedure
<a href="#">Pathology Specimen Labelling Procedure</a>	Procedure
<a href="#">Requesting Blood and Blood Products Procedure</a>	Procedure
<a href="#">Working with Children Check</a>	Procedure
<a href="#">Zero Tolerance with Incomplete Request Form Documentation – Pathology and Medical Imaging Procedure</a>	Procedure

Table 5: Paediatric Surgical Services PPGs

## 10. Appendix 1 – Patient Flow Diagrams

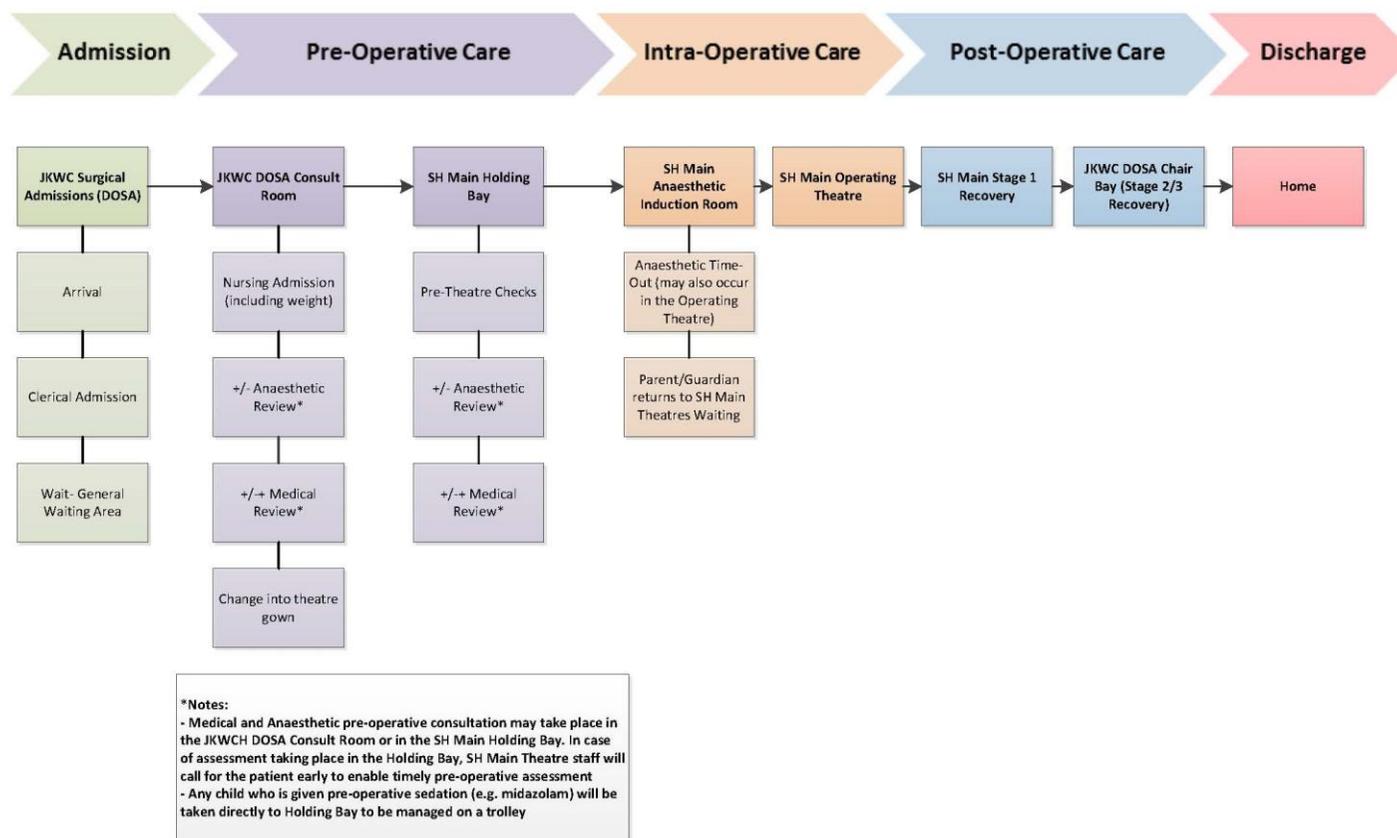
### 10.1 Patient Flow – Elective, Same Day in the JKWC Operating Theatre Suite

**Paediatric Surgery Patient Flow – Elective, Same-Day in JKWC Theatres**



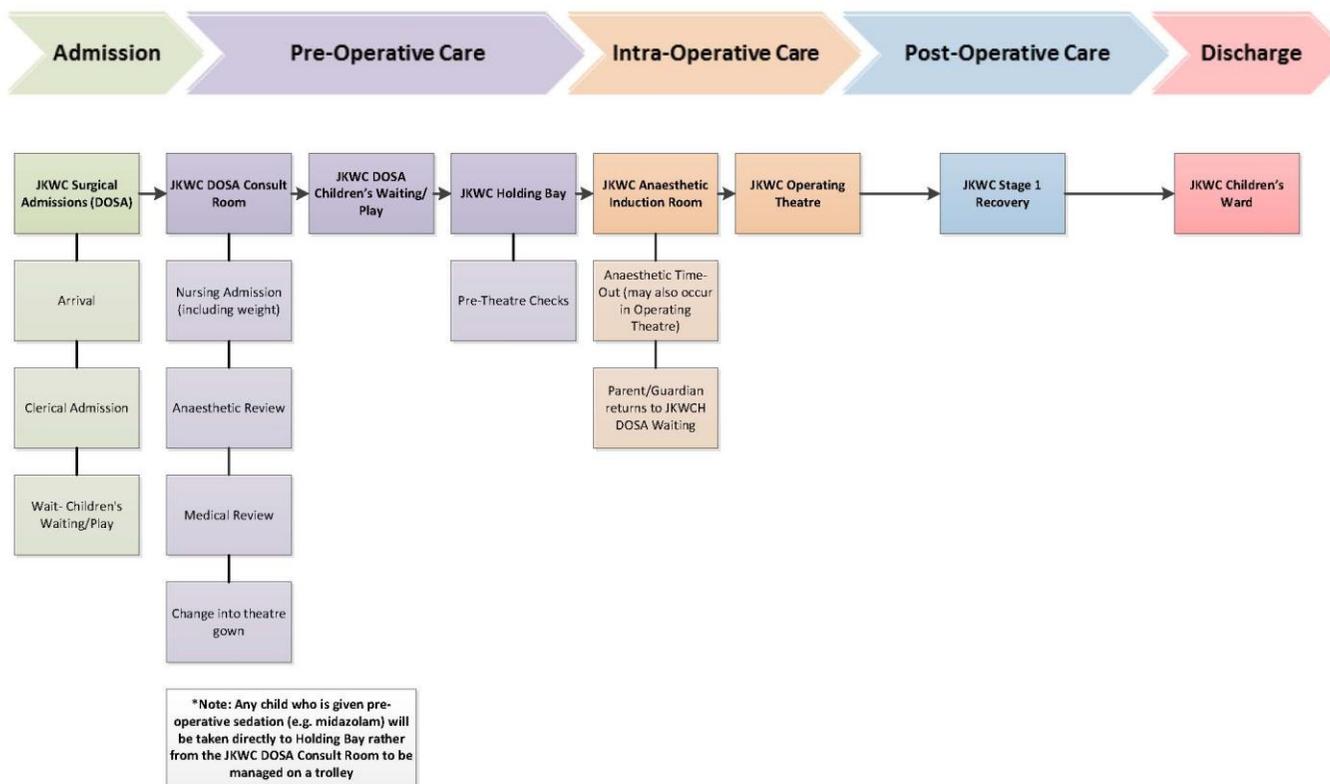
## 10.2 Patient Flow – Elective, Same Day in the SH Main Operating Theatre Suite

### Paediatric Surgery Patient Flow – Elective, Same-Day in SH Main Theatres



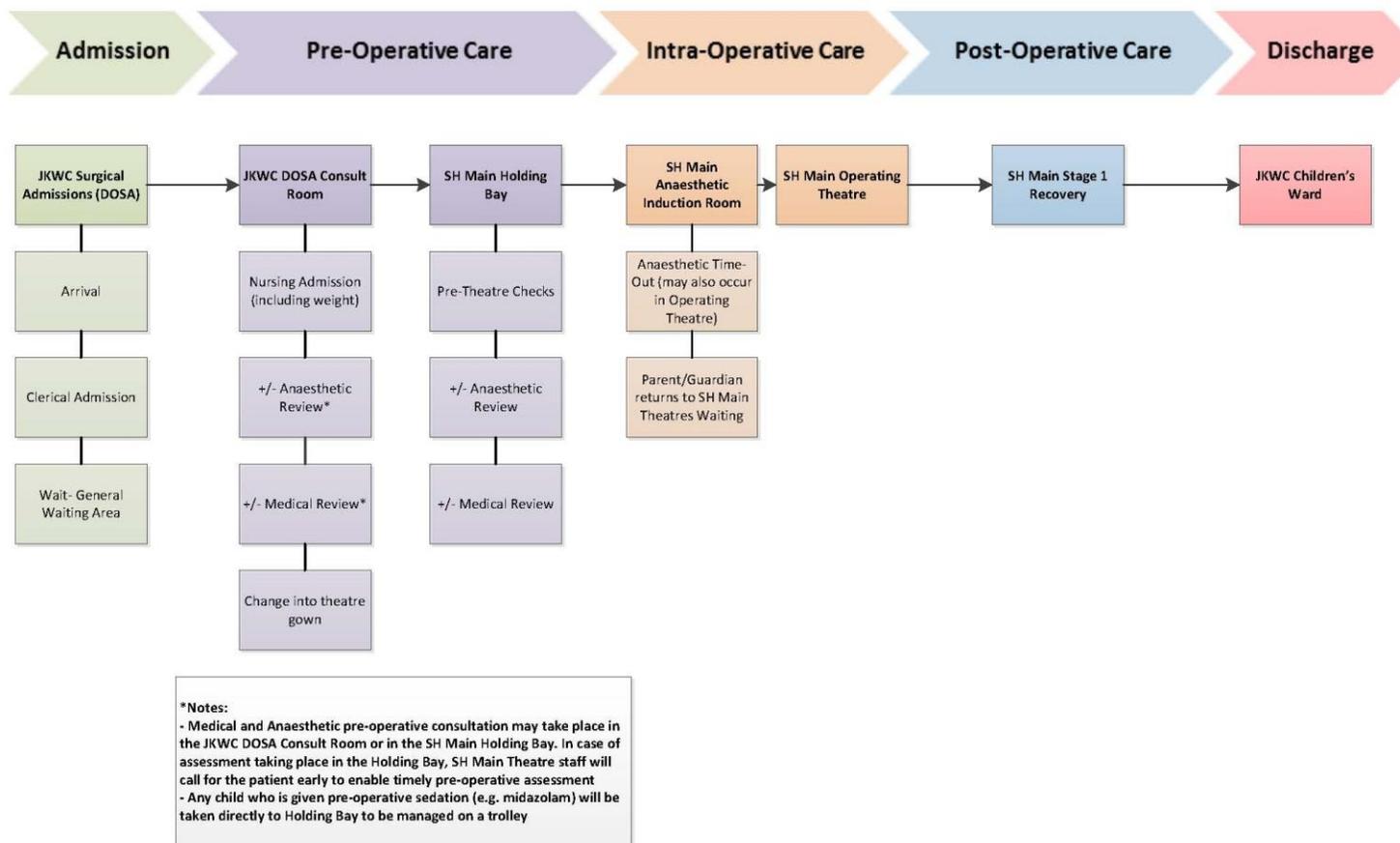
### 10.3 Patient Flow – Elective, Multiday in the JKWC Operating Theatre Suite

#### Paediatric Surgery Patient Flow – Elective, Multi-Day in JKWC Theatres



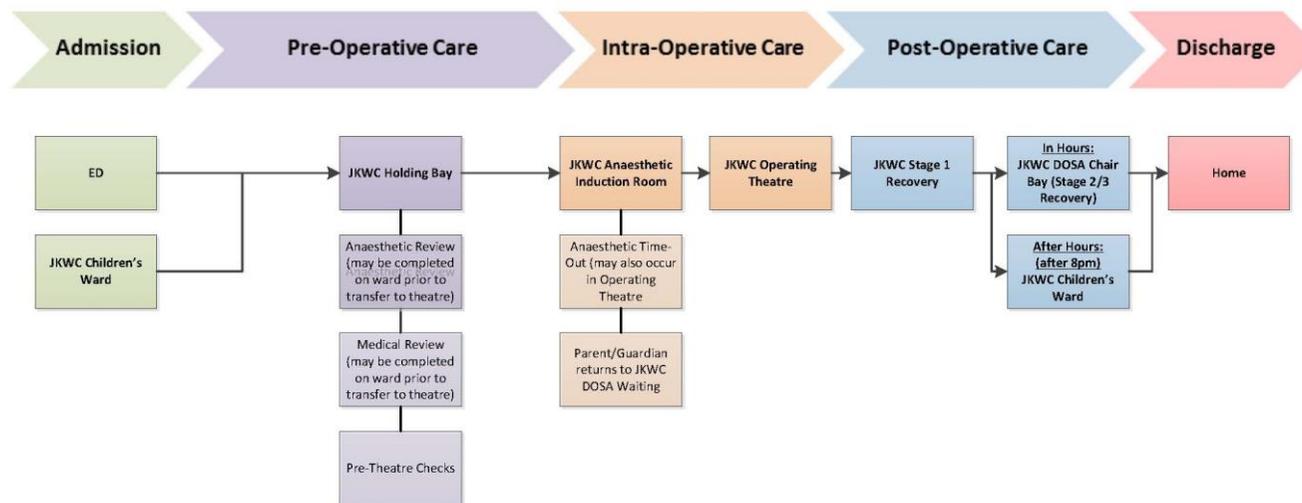
## 10.4 Patient Flow – Elective, Multiday in the SH Main Operating Theatre Suite

### Paediatric Surgery Patient Flow – Elective, Multi-Day in SH Main Theatres



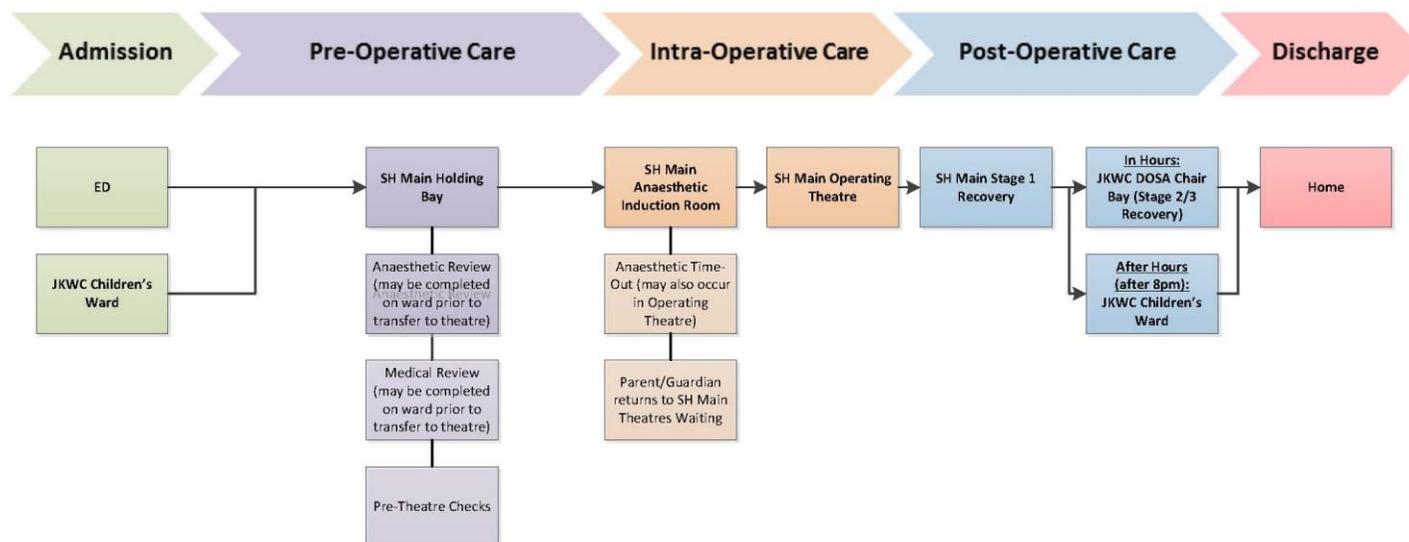
## 10.5 Patient Flow – Emergency, Same Day in the JKWC Operating Theatre Suite

### Paediatric Surgery Patient Flow – Emergency, Same-Day in JKWC Theatres



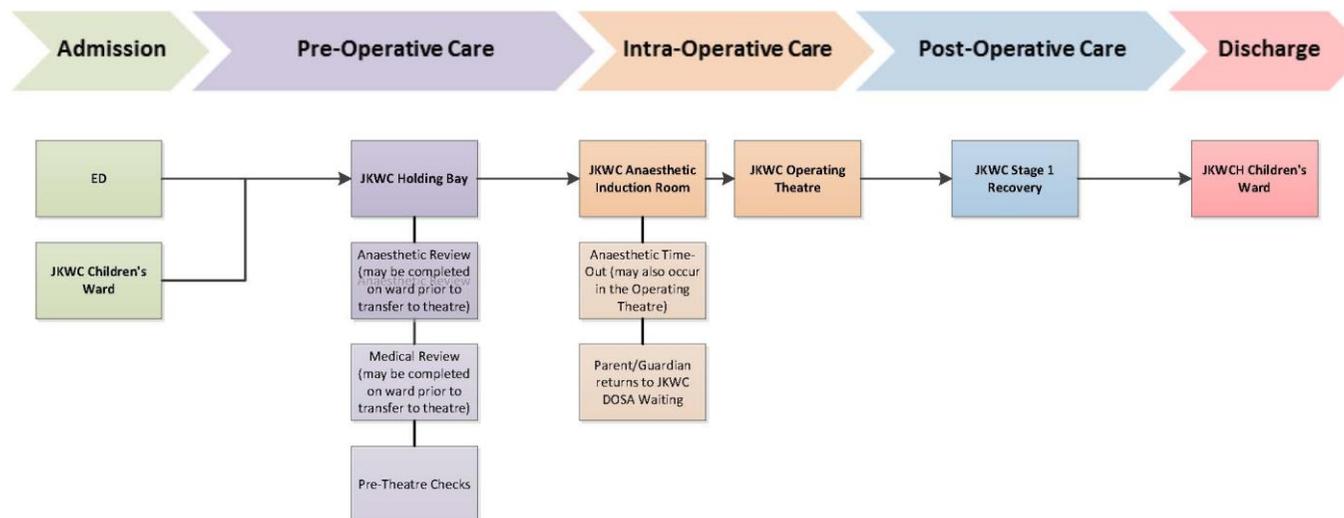
## 10.6 Patient Flow – Emergency, Same Day in the SH Main Operating Theatre Suite

### Paediatric Surgery Patient Flow – Emergency, Same-Day in SH Main Theatres



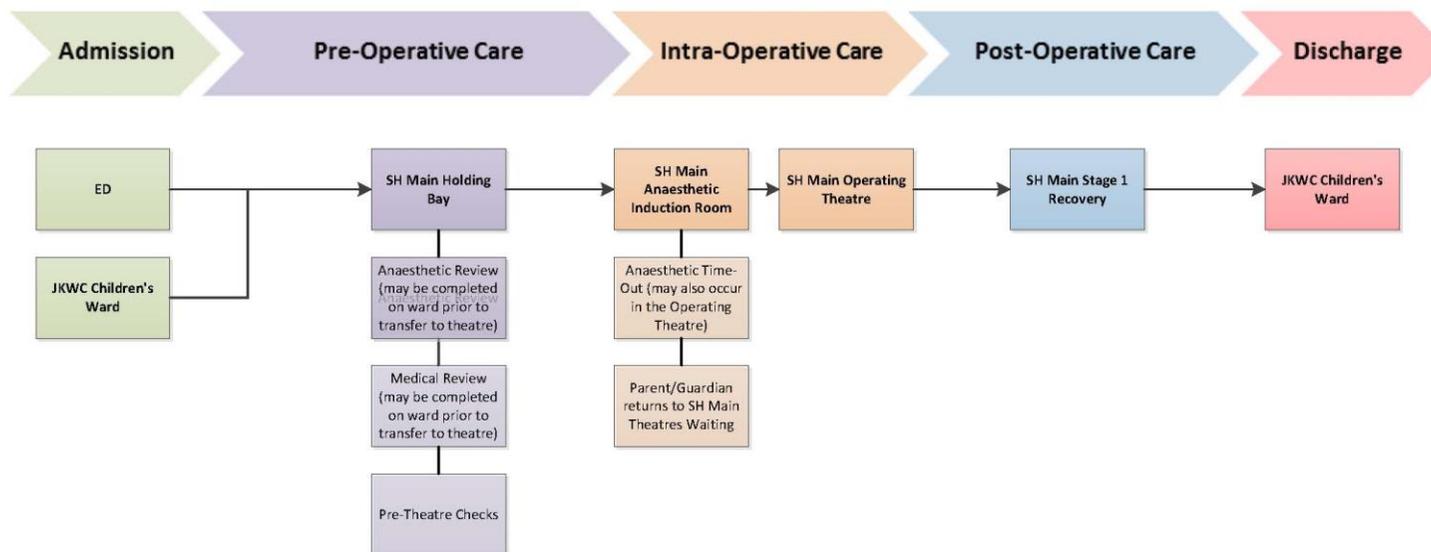
## 10.7 Patient Flow – Emergency, Multiday in the JKWC Operating Theatre Suite

### Paediatric Surgery Patient Flow – Emergency, Multi-Day in JKWC Theatres



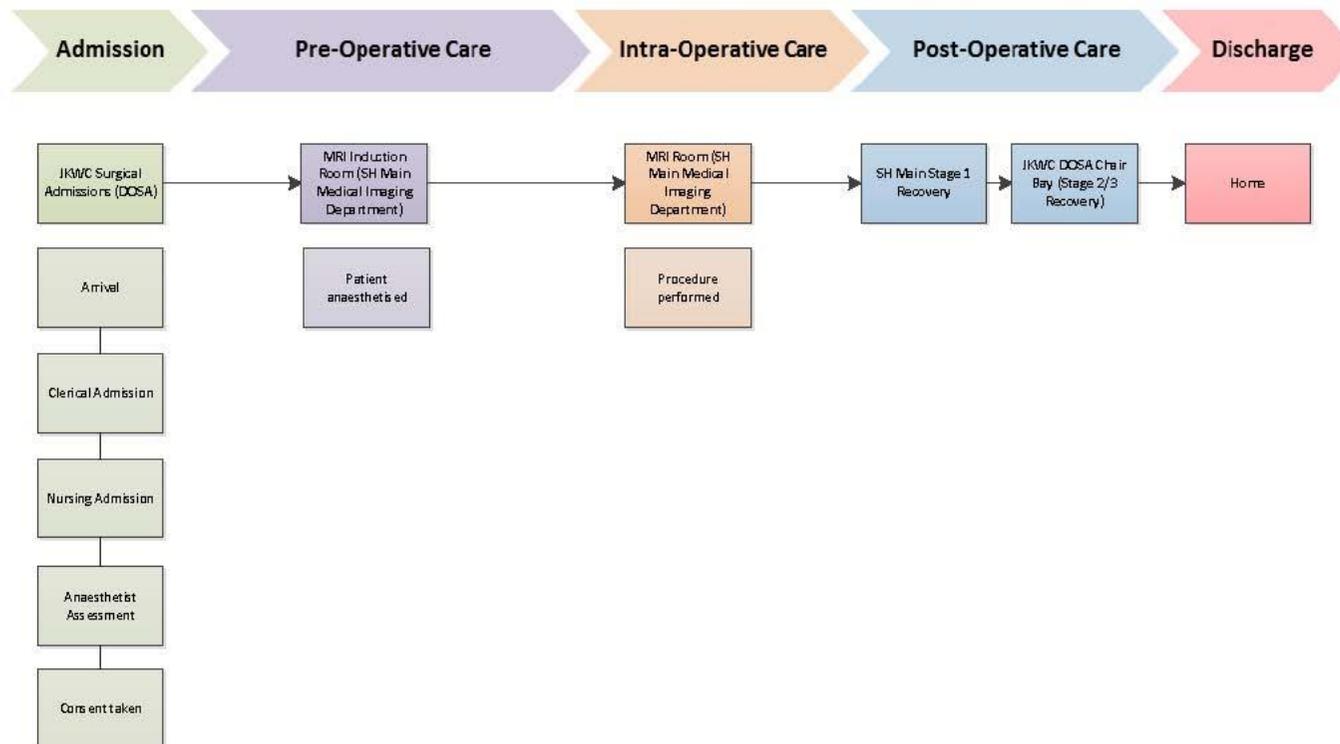
## 10.8 Patient Flow – Emergency, Multiday in the SH Main Operating Theatre Suite

### Paediatric Surgery Patient Flow – Emergency, Multi-Day in SH Main Theatres



10.9 Patient Flow – General Anaesthetic MRI

**Paediatric General Anaesthetic MRI Patient Flow**



## 11. Appendix 3 –Stakeholders Consulted

Stakeholder Name	Title	v1.0 Feedback	v2.0 Feedback
Adele Mollo	Divisional Director, W&C Services	No	Yes
Andrew Jeffreys	Clinical Services Director, P&CC Services	Yes	Yes
Angelique Monello	Surgical Liaison Nurse, Obstetrics, Gynaecology and Paediatric Surgery	No	Yes
Angus Campbell	Allied Health JKWC Project Officer	Yes	Yes
Bronwen Evans	Head of Unit, Acute Pain Medicine	No	Yes
Bronwyn Menadue	Perioperative Services Manager	Yes	Yes
Chris Harris	Orthopaedic Surgeon	No	No
Claire Culley	Divisional Director, P&CC Services	No	No
Clare Myers	Acting Head of Unit, Gynaecology Services	No	No
David Bramley	Deputy Director, Anaesthesia & Pain Medicine	Yes	Yes
Gaby VanEssen	Anaesthetist	No	Yes
Glyn Teale	Clinical Services Director, W&C Services	Yes	Yes
Jeff Aquino	Elective Surgery Services Manager	No	No
Jill Woods	Pain Management Nurse Practitioner	No	Yes
Julia Firth	Operations Manager, Medical Imaging & Pathology Contract	No	Yes
Karen Tricker	Nurse Unit Manager, CSSD	No	No
Kath MacDonald	Chief Radiographer, Sunshine Hospital	Yes	Yes
Lauren DeLuca	Consultant O&G/Divisional Clinical Safety & Quality Lead, W&C Services	No	No
Lisa Smith	Operations Manager, Maternity Services	No	No
Liz Hessian	Deputy Director, Anaesthetics	No	Yes
Maree Comeadow	Operations Manager, Gynaecology, Paediatrics & Neonates	No	Yes
Martin Steyn	Theatre Technician	No	No
Mel Shackell	Manager, Physiotherapy	Yes	Yes
Michael Nightingale	Paediatric General Surgeon	No	No
Nicole Keogh	Quality Improvement Partner, W&C Services	No	No
Nicole Sheridan	Anaesthetist	No	No
Oliver Daly	Consultant Urogynaecologist & Obstetrician	No	No
Phuong Nguyen	Pharmacy JKWC Project Officer	No	Yes
Simone Cooley	Nurse Unit Manager, Sunshine Operating Theatres	Yes	Yes
Tim Henderson	JKWC Logistics Support Manager, Health Support Services	Yes	Yes
Tim Price	Consultant, Ear, Nose & Throat (ENT)/Otolaryngology Surgery	No	No
Wendy Watson	Director of Nursing & Midwifery, Sunshine Hospital	Yes	Yes