

**GUIDELINES FOR:
 ROUTINE AND EMERGENCY MEDICAL PROCEDURES**

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ASHFORD & ST. PETER'S HOSPITAL NHS TRUST

GUIDELINES FOR: ROUTINE AND EMERGENCY MEDICAL PROCEDURES

1. INTRODUCTION

When caring for the very sick and/or premature baby in the intensive care setting medical procedures are common place. Emergency situations have to be dealt with promptly without fuss or alarm to others in the nursery. Many are not emergencies and they can be performed under controlled conditions.

It is a stressful time for babies, parents and staff, which can be helped with good practise, planning of equipment and nursery layout. All babies should have appropriate emergency equipment in their trolley's and cot side which should be checked at each staff change.

2. AIMS

It is possible to take measures to minimise the distress to baby, parents and other babies in the nursery. The aim is to support the baby during and after the procedure so they will be able to recover and regain physiological stability. It should always be considered, is the procedure really necessary?

ROUTINE AND EMERGENCY MEDICAL PROCEDURES

Action		Rationale			
Parents					
If at all possible explain the procedure to parents. Give them the choice of whether or not to stay with their baby (clearly there will be times when you feel it is not appropriate for parents to be present). Offer to speak to them at greater length once the emergency is over.		Understanding why their baby needs to be subjected to unpleasant procedures can be helpful, and be able to anticipate what will happen. Parents react in different ways some find it less distressing to be present.			
Try to allocate a member of staff to talk to and support parents during the emergency. If appropriate the parents can comfort their baby afterwards.		Parents may feel powerless to protect their baby, keeping them informed and encouraging them to provide comfort respects their attachment to their baby.			
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Reassure parents that by giving gentle loving touch they are teaching their baby not to fear normal handling.	Parents often worry that these traumatic procedures will psychologically damage their baby.
Encourage parents to share their knowledge of what calms and comforts their baby. Encourage parents to be available to settle their baby after the procedure.	Gives parents a positive role in supporting their baby. Allows the baby to associate parents with comfort and supports the parenting role.
Planning Ahead	
Equipment to deal with the most likely emergencies should be kept in each baby's trolley e.g. for re-intubation. Other emergency equipment should be easily accessible.	To ensure that emergencies can be dealt with promptly and as calmly as possible.
Ensure that routine procedures are planned to take into account other interventions. The nurse caring for the baby should carry out as many of the procedures as possible.	This prevents unnecessary and frequent disturbance and allows the baby's needs to take priority in organising the day's routine.
If appropriate administer analgesia prior to the procedure. Use non-pharmacological pain relieving strategies e.g. sucking	To ensure effectiveness. Sensitive support during procedure may modify amount of analgesia required.
Ensure that adequate monitoring equipment is in place, easily visible and within reach. Collect everything that you need for the procedure and to support the baby e.g. equipment, positioning aids, dummy.	Allows prompt silencing of alarms which minimises disturbance from noisy signals to this and other babies in the nursery. To enable you to give your full attention to the baby.
If at all possible try to avoid interrupting sleep to carry out routine procedures. The period of transition from sleep to wake is an ideal time and it may be necessary to wake the baby slowly and gently.	Sleep is essential for growth and brain development. Premature babies need help to make smooth transitions between sleep to waking.
Individual lighting should be available at each cot space. Ensure that background light, noise and activity levels are kept low.	To allow good lighting where needed with minimal disturbance to others in the nursery. These can reduce stress levels of babies, parents and staff.

Times to avoid are during or just after a feed, or interrupting a socially active time with parents.	An important goal of developmental care is to promote interaction with parents and foster attachment. Upsetting a baby around a feed time can result in swallowing air, reflux and other digestive disturbance.				
Maintain ambient temperature, which may mean increasing incubator temperature prior to procedure, or closing doors in nursery.	To prevent heat loss and discomfort.				
During Procedures					
Keep lighting, noise and activity levels as low as possible.	These can increase the distress experienced by the baby and parents and are also likely to affect the other babies in the nursery.				
If possible use spotlights over the relevant area directing it away from the baby's face.	Premature baby's visual system is poorly equipped to deal with the extra-uterine environment.				
If necessary gently move the baby to gain access to relevant area without stretching or twisting limbs or body. Use flexed positions preferably in side lying or prone. Positioning aids will keep baby in position.	Side lying, prone and flexed positions support the baby's own attempts to self-regulate and can limit exhausting defensive movements.				
Take steps to support and comfort the baby e.g. with swaddling, holding hands/feet/head, flexed posture, offering the baby a dummy, something to grasp or brace against.	To minimise pain and discomfort without using medication, unless necessary. To support the baby's own efforts to self-regulate.				
Gently undress/unwrap the relevant area. Keep as much of the baby wrapped as possible. If inserting a line unwrap and explore one limb at a time.	Avoid heat loss and unnecessary disturbance. Clothing and wraps can help to support a baby's self-regulatory efforts.				
Observe the baby's behavioural cues to pace the intervention, slowing down, pausing and offering support as necessary and where possible.	To help the baby maintain stability. By pacing and supporting, destabilising effects may be prevented. Each baby requires varying amounts of help.				
After The Procedure					
Re-dress, re-position and re-cover the baby gently, cuddle or give skin-to-skin cuddle. Provide support until heart rate, breathing,	To promote stability thereby facilitating recovery from stressful events.				
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oxygenation and colour have returned to their normal levels.	
Observe baby's behaviour after procedure to ensure baby remains stable.	Effects of stressful procedures may be delayed.
Record any adverse reactions. Share with parents and/or staff any adverse reactions, noting techniques that supported the baby.	Carers can be assisted to anticipate difficulties and take evasive action by building a picture of a baby's reactions to difficult events.
Ensure that parents are given a full explanation of the emergency and its management and have the opportunity to ask questions.	Explanation can help to avoid parents being left to imagine the worst.
Help parents to comfort their baby and respond to their cues.	Feeling able to protect their baby is an important part of the process of attachment.

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