I. **POLICY STATEMENT**

It is the policy of Lucile Packard Children’s Hospital Stanford to admit infants for observation after receiving anesthesia or sedating drugs if they meet any of the following criteria:

A. Born prior to 37 weeks gestational age (GA) AND current age is less than 52 weeks post-menstrual age (PMA).

B. All infants less than 44 weeks PMA irrespective of GA.

C. Born prior to 37 weeks gestational age (GA) AND currently less than 60 weeks PMA AND have concurrent pertinent medical issues as defined by anesthesiologist. (examples include ongoing apneic events, significant anemia)

These infants will be admitted to a monitored bed in a unit with the staff, equipment, and experience necessary to respond immediately to an apneic episode. Observation will occur for a minimum of 12 hours post anesthetic and will be continued for at least 12 hours following any apneic event.

II. **DEFINITIONS**

A. Premature Infant: born at less than 37 weeks gestational age

B. GA: gestational age, age in weeks at birth timed from the last menstrual cycle, or as adjusted due to adjuvant tests during gestation.

C. PMA: post-menstrual age, GA plus age in weeks since birth.

D. Term birth: born at or after 37 weeks gestation.

E. Observation: placement in appropriate monitored bed within hospital setting.

F. Appropriate Monitored Bed: must have equipment to allow continuous pulse oximetry and staffed by nurses with current expertise in caring for neonatal patients, trained in neonatal resuscitation.

III. **PROCESS**

A. Patients will be identified as likely to require post-anesthetic admission for observation during preoperative screening.

B. The primary service responsible for ordering or performing the procedure will be informed as soon as possible of the admission requirement.

C. The ordering service will be responsible for arranging for admission of the patient on the appropriate date by contacting the hospital bed control services.

D. On the day of procedure/surgery, the attending anesthesiologist or sedating physician, with the assistance of preoperative nursing, will confirm the requirement for admission,
and confirm the availability of an observation bed within an appropriate unit **prior to** anesthetizing or sedating the patient.

### IV. DOCUMENT INFORMATION

#### A. References

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<thead>
<tr>
<th>Reference</th>
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<th>Review Date</th>
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compared to spinal anesthesia study—comparing apnea and neurodevelopmental outcomes, a randomized controlled trial.. Anesthesiology. (2015). 123 38–54

Kurth CD, Coté CJ.; Postoperative Apnea in Former Preterm Infants: General Anesthesia or Spinal Anesthesia--Do We Have an Answer? Anesthesiology. 2015 Jul;123(1):15-7

B. Author/Original Date
   A. Honkanen MD & W. Benitz MD, 5/07

C. Distribution and Training Requirements
   This policy resides in the Patient Care Manual of Lucile Packard Children’s Hospital Stanford.

D. Review and Renewal Requirements
   This policy will be reviewed and/or revised every three years or as required by change of law or practice.

E. Review and Revision History
   11/11, 2/15, 8/18

F. Approvals
   APU Committee, 6/07
   Critical Care Committee, 7/07, 5/15, 4/18
   Perioperative Committee, 6/07, 2/12, 3/15, 5/18
   Policy Review Committee, 8/18
   Medical Executive Committee, 8/07, 3/12, 7/15, 9/18
   Board of Directors, 3/12, 7/15, 9/18

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