

 Stanford Children's Health Lucile Packard Children's Hospital Stanford	Approval Date: September 2018	Last Revision Date: September 2018
	Approved by:  	
Departments Affected: All Departments		
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Name of Policy: Admission of Infants after Anesthesia and Sedation		

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,




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and confirm the availability of an observation bed within an appropriate unit **prior to** anesthetizing or sedating the patient.

IV. DOCUMENT INFORMATION

A. References

Reference	Level of Evidence	Review Date
Cote CJ, Zaslavsky A, Downes JJ, et al. Postoperative apnea in former preterm infants after inguinal herniorrhaphy. A combined analysis. <i>Anesthesiology</i> 1995;82(4):809-22.	B	10/2018
Malviya S, Swartz J, Lerman J. Are all preterm infants younger than 60 weeks postconceptual age at risk for postanesthetic apnea? <i>Anesthesiology</i> 1993;78(6):1076-81.	B	10/2018
Welborn LG, Rice LJ, Hannallah RS, Broadman LM, Ruttimann UE, Fink R. Postoperative apnea in former preterm infants: prospective comparison of spinal and general anesthesia. <i>Anesthesiology</i> 1990;72(5):838-42.	A	10/2018
Welborn LG, Greenspun JC. Anesthesia and apnea. Perioperative considerations in the former preterm infant. <i>Pediatric clinics of North America</i> 1994;41(1):181-98.	D	10/2018
Walther-Larsen S, Rasmussen LS. The former preterm infant and risk of post-operative apnoea: recommendations for management. <i>Acta Anaesthesiol Scand</i> 2006;50(7):888-93.	A	10/2018
Sims C, Johnson CM. Postoperative apnoea in infants. <i>Anaesth Intensive Care</i> 1994;22(1):40-5.	D	10/2018
Andropoulos DB, Heard MB, Johnson KL, Clarke JT, Rowe RW. Postanesthetic apnea in full-term infants after pyloromyotomy. <i>Anesthesiology</i> 1994;80(1):216-9.	E	10/2018
Hannallah RS, Welborn LG, McGill WA. Postanesthetic apnea in full-term infants. <i>Anesthesiology</i> 1994;81(1):264-5	E	10/2018
Murphy, JJ, et al; The frequency of apneas in premature infants after inguinal hernia repair: do they need overnight monitoring in the intensive care unit?; <i>Journal of Pediatric Surgery</i> (2008) 43, 865-868	B/C	10/2018
Davidson, AJ, Morton, NS, Arnup, SA, de Graaff, JC, Disma, N, Withington, DE, Frawley, G, Hunt, RW, Hardy, P, Khotcholava, M, von Ungern Sternberg, BS, Wilton, N, Tuo, P, Salvo, I, Ormond, G, Stargatt, R, Locatelli, BG, McCann, ME the General Anesthesia compared to Spinal anesthesia (GAS) Consortium: Apnea after awake regional and general anesthesia in infants: The general anesthesia	A	10/2018

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compared to spinal anesthesia study—comparing apnea and neurodevelopmental outcomes, a randomized controlled trial.. <i>ANESTHESIOLOGY</i> . (2015). 123 38–54		
Kurth CD1, Coté CJ.; Postoperative Apnea in Former Preterm Infants: General Anesthesia or Spinal Anesthesia--Do We Have an Answer? <i>Anesthesiology</i> . 2015 Jul;123(1):15-7	E	10/2018

- 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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