

# AfS Lead Nurse Protocol

## Responsibilities

1. Assign PACU lead nurse, and OR nurses to surgeon. Make call list, prior to mission so everyone knows their assignment.
2. Morning of pre-op clinic: (breakfast announcements)  
Remind all staff, of the Golden Rule, for Palates, weight 10 lbs., Hgb 10 or greater, and 12 months of age.  
Scheduling slips must be complete including distance/time of travel.  
All children 2 yrs., and under must have age recorded in Months. In Chart as well as the scheduling slip. Distance traveled must also appear on both. Have staff place pts from the greatest distance on the earlier days of surgery.  
Color codes; Green – Schedule, Blue – Schedule if time allows; Yellow – for next team; Red – do Not Schedule
3. Remind staff when they are on Call they stay until the final patient is on the ward and PACU staff are ready to leave. Help in PACU as needed.
4. Have staff arrange their surgeons schedule slips on the blank sheets of paper numbered 1-9. Day 1 and 9, lips only. If possible, hang numbered on wall with painters' tape, to minimize damage to walls.
5. Help get clinic started then ask mission director to take over while you go to OR, to start the unpacking. If time allows, put supplies in each OR for 1<sup>st</sup> days surgery. I let the circulator deal with the suture for their surgeon.
6. Try to have 1<sup>st</sup> day of surgery scheduled by noon. This way the local hospital staff can let the family know. When having the Record keeper do the OR schedule review the chart with them to make sure the correct surgery is listed on the scheduling slip. Do this for each day's schedule.
7. Work on 2<sup>nd</sup> day of surgery as soon as possible.

## First Day of Surgery

1. Review Emergency Protocols. Have 1 of the PACU staff review the resuscitation protocol and where the emergency equipment will be stored, also include MH kit and protocol.
2. Have 2<sup>nd</sup>, set of Emergency bags taken to the Pediatric Post op ward.
3. Have OR nurses check with their surgeon about which suture they would prefer to use. Post list of available Suture in the supply room. Remind them they have okayed the packing list if they want something we don't carry.
4. Remind RN's you will make every effort to give them coffee and lunch breaks. This includes PACU, if there are no breaks in patient flow. There will possibly be times you are unable to give coffee breaks, as you will have responsibilities that take you away from the ability to do so. Hopefully you will be able to let staff know you will be out of reach for a while.

## **AfS Lead Nurse Protocol**

### **Last day of Surgery**

Have nurses, start putting extras in the storage room. Packing can be started if time allows. All instruments must be terminally sterilized, the sets put together and checked for missing/damaged instruments. Wrap and label, either complete or incomplete. Name of missing or damaged instrument should be written on tape, holding wrap closed. These do not get a second sterilizing. They will be rechecked and wrapped back in San Francisco.

### **Final Clinic Day**

Help to get Final Clinic set up and started. If very few patients are there, send OR and PACU nurse to pack, items returning to AFS.

# Lead Nurse Checklist

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Ascertain the following:

1. How we can get blood if needed? \_\_\_\_\_  
\_\_\_\_\_
2. How does the AFS team access the O.R. after hours should we have an emergency with one of our patients who needs to be returned to the O.R.?  
\_\_\_\_\_
3. How can we transfer a patient to Intensive Care should it become necessary.  
\_\_\_\_\_
4. What is the name of the local O.R. nursing director and how can you contact him/her should you need to confer?
  - Name: \_\_\_\_\_
  - How can you contact him/her: \_\_\_\_\_
5. What is the name of the ward nursing manager and how can you contact him/her should you need to confer?
  - Name: \_\_\_\_\_
  - How can you contact him/her: \_\_\_\_\_
6. Determine where the defibrillator and O.R. area emergency bag can be set up for easy access by both O.R. and P.A.C.U. personnel? It should be set up where there is an electrical outlet so that it can be plugged in at all times. Determine this in collaboration with the mission's P.A.C.U. lead.  
\_\_\_\_\_
7. Is there an ability to have packs or instrument sets/individual instruments processed by the local facility should we have problems with our sterilizers?  
\_\_\_\_\_

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## Scheduling Guidelines

When scheduling, the first and last days will have lip cases only. For Palate cases, the child MUST be 12 months, weigh 10lbs/4.5kg and a Hgb of 10. SAFETY ALWAYS COMES FIRST!

### **Surgical Day 1:**

Plan on having a later than normal start. There are always little things that will slow the start times. OR cases should end by 1700 hrs.

1<sup>st</sup> case in each room; should be a larger older child if possible, since the anesthesia machines may not have been used or serviced in some time. The larger child's body is better able to cope with most issues that can arise. Discuss with anesthesia lead if you have any questions. After 1<sup>st</sup> day Youngest scheduled first and then in order of age.

### **Surgical Day 2 onward:**

Alternate, palate and lip cases, starting with Palates. You will have 4 of each instrument set and this will allow time to clean and sterilize the sets, 4 lip supplement sets that will work for a combined lip/palate case. Try to start the day in each room with a Palate and if possible, end day with a Lip. This will give PACU a chance to get out at a decent hour.

After 2<sup>nd</sup> day's schedule, you may need to revise required surgery times, by using the first 2 day's actual times.

There will be one day off, normally the Sunday between week one and two.

### **Last Day of Surgery:**

Remember LIP cases only. There will be no one there to take care of possible issues with a palate case.

It's a good idea to have at least one pt available to fill in when a pt is cancelled. This will require saving a slot later in the week for that is waiting pt. You may also call in a patient that lives nearby, have them start fasting and put them at the end of the schedule.