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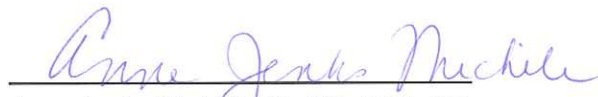
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To whom it may concern:

We are happy to share the "Guideline for Anesthesia Care for Suture Adjustment Following Strabismus Correction Surgery" with you with the following conditions:

- This was developed for our system of care, and you are responsible for adapting it.
- You will send us a copy of any revisions and agree that we can benefit from them and modify ours accordingly if we like.
- Children's Hospital Boston must be credited appropriately by noting in publications and talks that you adapted yours from ours.
- Any form, etc. that you create which retains Children's Hospital Boston parts should be labeled: "Adapted from the Guideline for Anesthesia Care for Suture Adjustment Following Strabismus Correction Surgery by Children's Hospital Boston. Contact Children's Hospital Boston, Director, Perioperative and Allied Programs, Nursing/Patient Services for use."
- We are providing this as part of anticipated collaboration in which you will share the process you used to develop a comparable form, the challenges you observed, and how you addressed those challenges.


Anne Jenks Micheli, RN, MS, NEA-BC



Guideline for Anesthesia Care for Suture Adjustment Following Strabismus Correction Surgery.

Purpose:

The following recommendations were developed collaboratively by Anesthesia and Nursing Department representatives and reviewed with the Ophthalmologist-in-Chief. These recommendations will help support the ophthalmologist's practice of adjusting sutures postoperatively in the PACU. These recommendations also help to ensure an optimal surgical experience and patient outcome while minimizing the impact on surgical volume and flow.

Policy

- Booking the case:
 - An extra half hour will be added to the room block time for each case requiring suture adjustment in Waltham and Lexington.
 - Cases should be booked early enough to allow for no later than a 5:00 p.m. discharge time including recovery from suture adjustment.
 - Cases should be designated "adjustable awake" or "adjustable sedated" to optimize planning for privacy for eye exam and possible sedation.
- Consent
 - Surgical consent will indicate possibility of suture adjustment and additional sedation in the post anesthesia care unit.
- Initial recovery phase:
 - Patients who will have suture adjustments will require orders to remain NPO (this information will be communicated to the family by the ophthalmologist prior to surgery).
- Team preparation for suture adjustment:
 - Children's Hospital Boston:
 - Nursing: 20 minute lead time will be given to the PACU Day Surgery Charge Nurse (5-9188 or 5-7922) in order to make arrangements to move the patient to a more private location if necessary and adjust staffing to arrange for 1:1 nursing.³
 - Anesthesiology: 20 minute lead time will be given to the PACU Anesthesiologist (5-9122) in order to be able to determine coverage for the PACU and to notify the OR Board Runner of the need to be temporarily available for PACU patient requirements.¹
 - Children's Hospital Boston at Lexington/Waltham:

- Nursing: 20 minute lead time will be given to the PACU Day Surgery Charge Nurse (Lexington: 2310, 2311; Waltham: 6-1279) in order to optimize privacy and 1:1 nursing coverage.³
 - Anesthesiology: In most cases, the anesthesia provider who performed the initial anesthesia will be responsible for the anesthesia for the suture adjustment as well. The time for the adjustment will be agreed upon by the surgeon and anesthesia provider.
- Suture adjustment:
 - Patient identification will be performed by the nurse and anesthesia provider just prior to administration of medication and the start of the procedure.^{2,4}
 - Medication for the procedure will be administered by the anesthesia provider and documented on the existing anesthesia record along with vital signs.¹
 - The PACU nurse will document the procedure in PowerChart.
 - The anesthesia provider will remain at the bedside 1:1 until the patient is back to baseline and care is transferred to the PACU nurse.¹

References

1. American Society of Anesthesiologists House of Delegates. 2004. *Statement on Safe Use of Propofol*. <http://www.asahq.org/publicationsAndServices/standards/37.pdf> (accessed 6/07).
2. Patient Identification. 2002. *Nursing Policy and Procedure Manual*. Children's Hospital Boston, 2007.
3. Resource 9: The Role of the Registered Nurse in the Management of Patients Undergoing Sedation for Short-Term Therapeutic, Diagnostic or Surgical Procedures. 2006. *2006–2008 Standards of Perianesthesia Nursing Practice*.
4. Universal Protocol: Time Out and Site Verification. 2001. *Nursing Policy and Procedure Manual*. Children's Hospital Boston, 2007.

Document Attributes

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