Nursing process for ONTD

Purpose: Repair of ONTD

Location: Children's OR

Staff:

- OB Circulator nurse and scrub tech
- NCCC – there for huddle and on call during procedure
- Children's circulator nurse
- Faculty MFM: MFM physician for sonography; MFM physician and MFM fellow
- OB Anesthesia - 2 physicians
- Neurosurgery: 2 physician/ fellow, neurosurgery scrub

Admission

- Admission in afternoon day prior to procedure
- Maternal CBC and type and screen
- Antenatal corticosteroids 48 (done outpatient) and 24 hours prior to procedure
- Multidisciplinary team (including nursing) walk through prior to procedure as indicated
- 24 hours prior to procedure
    - US in the UNC US unit for EFW, TVCL if not done within 7 days of procedure
    - Admission to 3 Women's
        - Consent will be done by Goodnight / Cheschier, anesthesia and neurosurgery (3 total)
        - NPO after midnight
        - Order set placed in Epic
            - Entered by MFM fellow or L&D resident
            - MFM fellow or resident notify NCCC staff of admission
        - Complete second dose of BMZ, fetal monitoring per orders
        - Magnesium for neuroprotection from 1600-0400, end day of surgery
        - Abdominal prep per cesarean section done the night before procedure and morning of
        - Obtain maternal serum magnesium level at 5-6 am day of surgery
- Day of procedure pt to proceed from 3 Women's to Children's pre-op
    - Pt should have Oxacillin amnioinfusion IV bag with her
        - For ordering Md: This should be ordered by typing in Oxacillin to preference list, select the 2nd option (which in amnioinfusion) and the reason is ONTD. Code is 40849560
    - IV antibiotics
    - Check with ordering provider regarding Heparin dose the evening before procedure.
    - Send dose of Indocin 50mg to Children's Pre-op
    - Consents – OB – Cesarean section, Anesthesia, and neurosurgery
    - Labs in the morning - magnesium level and coags
    - NST before patient goes to Children's PACU – 04:00 or 05:00
    - Prep per cesarean section

Accessing off-unit patient chart with OB navigators

- Log into epic
- Go to “patient lists”
- On far right, “search all admitted patients”, enter patient’s name
- Right click “assign me”
- Double click to open chart

Getting patient from PACU (usually room 8)

- Verify indocin given
- Amnioinfusion antibiotics (in green bin)
- IV antibiotics (in green bin)
- Bonnet (in hallway)

Consents

- Anesthesia
- Neurosurgery
- c-section

Items to bring from L&D to ONTD repair

- Pink sheet and OR c-section count sheet
- Bicitra
- Magnesium stickers
- Roll of tape
- Alexis retractor – review with provider what size(s)

What to chart for ONTD case: chart in .fetalprocedures

- Data points for MMC study
- Pt to room (nursing note)
- Time outs (nursing note)
- Counts (nursing note)
- FHTs (in flowsheets)
- Foley (in LDA)

Prep/positioning:

- Epidural placed - (L&D nurse to stand in front of patient for placement)
- General anesthesia initiated
- Place Foley after spinal (placed by L&D)
- Low lithotomy supine position with left lateral tilt
- R arm extended on gel padded arm board
- L arm tucked by side
- Trendelenburg pad placed under draw sheet
- Legs in Allen Stirrups (yellow fin)
- Safety strap across chest
- Chloraprep by L&D scrub
- Cesarean prep and drape

- SCD's in place

Pre-op medications

- Cephazolin – 1g IV 30 minutes prior to procedure (Clindamycin 600 mg IV if allergic to PCN)
- Bicitra
- Indomethacin 50mg PO 30-60 minutes prior to procedure in pre-op holding

Procedure in brief

- Low transverse incision made
- Uterus exteriorized
- US to determine fetal position and placental location, manual positioning of fetus performed for location of MMC at center of hysterotomy
    - Anterior hysterotomy with posterior placenta location, fundal or posterior with anterior placenta location
- With US guidance, traction sutures placed at site of hysterotomy
- Hysterotomy incision made
    - Membranes tented and sutured to myometrium
    - Uterine stapler used to create 6-8 cm uterine incision made
- Fetal anesthesia/analgesia/paralytic with
    - Medication dose calculated and placed in pre-filled syringes x2 (by anesthesia with consultation from NCCC), labeled on the OB scrub sterile table.
    - Fentanyl 20mcg/kg IM
    - Vecuronium 0.2mg/kg IM
- Fetal resuscitation meds
    - Epinephrine 1:10,000 0.3 ml/kg IM for refractory bradycardia
    - Medication dose calculated and placed in pre-filled syringes x2 (by anesthesia with consultation from NCCC), labeled on the OB scrub sterile table.
- Management of bradycardia
    - MFM communicates HR and fetal status to anesthesia and L&D circulator nurse
        - L&D informs NCCC, come to room stat
    - MFM repositions fetus, uterus and begins amnioinfusion if necessary
    - Intrauterine terbutaline for uterine contraction
    - Fetal epi PRN – SC/IM/IV (if umbilical vein is accessible)
- Anesthesia
    - 100% FIO2 to mother
    - Ensure baseline MAP and BPP achieved
    - Communication of maternal status to MFM
- NCCC
    - Suggestion for timing of fetal medication admin
- If delivery become unavoidable
    - MFM delivers and hands neonate to awaiting NCCC
    - Neonate become NCCC patient
- Neurosurgery
    - Myelomeningocele closed. If insufficient dura for closure, Durogen placed for closure.
- OB
    - Uterine incision closed, normal fascia and abdominal skin closure

Post op care for ONTD

- Goodnight puts transfer order in (not transfer with in L and D order), this order needs to say who primary team is and the desired unit (L and D).
- Then RN calls patient logistics 44500 (option 5) to say patient is going to L and D
- Heparin 5,000mu sub q 12 (administer soon after arrival to L&D and then again 12 hours later, coordinate with anesthesia regarding removal of epidural)
- Magnesium 2g/hour
- D5 LR 75 ml/hour
- Indocin 50 mg po q 6 hr for first 24 hours, 25 mg po q6 2nd day for 24 hours. Procardia to start 2 days post-op on 3 Women's.
- Cefazolin 1g q 8 hours x 2 doses (first dose given in PACU)
- Pain meds prn
- Turn patient q 2 hours
- Incentive spirometer 10 breaths q 1 hour
- Mag check q 1 hour per magnesium protocol
- Chart on baby q 15x4, q 30x2, q 1 hour until mag d/c'd
- Okay for patient to advance diet as tolerated