

## INTRODUCTION: Medical Services Committee Notes

1. Palate procedures should be done as early in the day as possible. Palates are usually not done on the last day but may be, depending on the type of palate, agreement between all physicians (surgeons, anesthesia, and pediatrician), and volunteer staff availability on site the day after clinic.
2. All patients will receive Tylenol prior to surgery, with time documented on the chart. All cases will receive pre-op antibiotics in the OR prior to the procedure by anesthesia.
3. **A time-out (surgical pause) will be initiated by the surgeon and confirmed by the OR team prior to surgery (anesthesia and nursing team). The administration of antibiotic ordered by the surgeon will be timed with this pause. The time out includes: patient identity, permit signed, NPO status, hgb, age, weight, allergies, sharps safety strategy, and procedure stated on the physician notes.**
4. No high blood loss procedures (i.e. Palatoplasty) are to be done on a patient with a HGB below 10.0g.
5. A surgeon will round with the pediatrician at the end and the beginning of the day.
6. The pediatrician will note the hydration status of each infant the night before and state NPO status related to the anticipated time of surgery.
7. All patients will be assessed by anesthesia (heart, lungs, temperature, growth and development) just prior to giving the anesthetic as their health status can change from the pre-op clinic.
8. All throat packs must have a long visible suture on them. All palate and pharyngeal procedures must leave the Operating Room with a tongue suture. A “throat pack in” and throat pack out” sign is posted on the OR table and the status is agreed by the surgeon and anesthesia.
9. Make sure that PACU is in close proximity to the Operating Room.
10. All patients will receive discharge instructions/orders and post-op medications before going to the ward or home.
11. The anesthesiologist will be responsible for overseeing the patient’s care in the PACU.
12. No team member will be left alone with a patient in the PACU at the end of the working day.
13. The pediatrician will be the physician for the team members.
14. All team members should know where all emergency drugs are kept once they are unpacked. Everyone should know exactly what emergency drugs have been sent.
15. All team members and local colleagues will participate in emergency scenarios prior to the first surgical procedure.

16. Anesthesiologists, pediatricians, and surgeons have equal veto rights over canceling a case, but any team member can voice concerns and input from any team member must be considered.
17. Principal concern is the health and safety of the patient – never compromise.
18. Hospital ward members need to know how to locate the team in case of an emergency.
19. A team huddle will be conducted each day at breakfast to discuss improvement opportunities, issues, concerns, etc.
20. In the event of any untoward patient outcome, an Occurrence Form will be completed and sent to the Quality Improvement Committee to assess trends and need for any protocol updates.
21. All team members are expected to maintain their health and be team players and flexible during the mission. Any issues or concerns need to be communicated in a timely manner.

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## 1. CONDUCT

Please review the orientation material that was sent out to all team members. PLEASE remember that we are guests. Not everything will meet your expectations; please remain flexible and tolerant. Your actions will reflect not only on yourself but also on the entire team and Alliance for Smiles as well. There are cultural differences; sometimes our conduct in the operating room may be misunderstood as lack of professionalism. Please avoid jokes, especially those that may be misconstrued as negative remarks directed at our patients or hosts.

## 2. GENERAL SCHEDULE

- A. OR Start Time: The precise OR start-time will be announced on the mission. We usually start at 8AM.
- B. Morning rounds on postoperative patients will begin one half hour prior to OR start- time.
- C. Cases starting later in the afternoon should be started by 5 PM. Any surgery beginning after 5 PM requires approval by all team members impacted by the decision.
- D. The first surgeon to finish for the day will make rounds with the pediatrician before leaving the hospital and will report any potential problems to the on-call surgeon and the Medical Director.
- E. PLEASE COMPLETE THE MEDICAL RECORDS IMMEDIATELY FOLLOWING EACH SURGERY.  
Please indicate and code your surgical procedure(s).
- F. ALL SURGEONS MUST TALK TO THE PATIENT'S FAMILY AFTER EACH CASE.  
Please do so with a translator so questions may be answered.

- G. Please do not leave the hospital premises without notifying your corresponding Leads:
- Lead Surgeon
  - Lead Anesthesiologist
  - Lead Nurse
  - Mission Director

### 3. PATIENT TRIAGE & SAFETY

- A. General Rules: Patient safety is our top priority.
- B. Goal is to leave our hosts with zero complications.
- C. Triage Stations:
1. Registration
  2. Photography
  3. Nursing Assessment
  4. Surgeons/OR Nurses
  5. Anesthesiologists/Pediatricians
  6. Dental/Orthodontic
- D. Team: If possible, the same team of surgeon, anesthesiologist and OR nurse that triaged a patient will work with that patient in the OR - for better continuity of care.
- E. Patient Qualification Guidelines
- Weight = 10 lbs. Or 4.6 Kg. ABSOLUTE MINIMUM
  - Hemoglobin = 10 gm (uncomplicated lips may be done with a Hemoglobin down to 8.5gm)
  - NO palatoplasty or pharyngoplasty if < 12 months old. (Record age in MONTHS if < 2 years of age.)
  - Try to keep TOTAL ANESTHESIA TIME to 4 hours or less
  - May combine lip/palate if > 12 months and IF other parameters are OK. (see above)
  - No palatoplasties, major palatal fistulae, or pharyngoplasties on last day of surgery.
  - Dots:
    - GREEN: Schedule with priority
    - BLUE: Schedule if time available
    - YELLOW: Schedule with next team (as appropriate)
    - RED: Do not schedule
  - Pediatrician & Anesthesiologist will review/approve all patients scheduled for surgery.  
 [NOTE TO PEDIATRICIANS & ANESTHESIOLOGISTS: IF YOU CANCEL SURGERY ON A PATIENT, PLEASE BE SURE THAT THE SURGEON WHO SCHEDULED THAT PATIENT IS NOTIFIED, SO THE PATIENT MAY BE RE-CLASSIFIED INTO THE YELLOW OR RED DOT GROUP]
  - A Post-it sticker is filled out for every GREEN and BLUE patient. PLEASE complete EVERY item on it.
- F. In OR Safety Measures:
- ALL un-cuffed endotracheal tubes must be packed. NO EXCEPTIONS.
  - ALL palatoplasty, palate fistula, and pharyngoplasty patients must have a tongue suture. The suture may be removed by Anesthesiologist in PACU, if no airway or bleeding problems.
  - ALL patients <12-16 months old must have elbow restraints; others as indicated.

- ALL syringes must be labeled with their contents.
- G. The OR Schedule for the entire mission will be completed as soon as possible after opening clinic. The Head Nurse and the Head Surgeon will be responsible for the OR Schedule. The order of the cases may be modified by the Head Nurse in consultation with the Head Anesthesiologist.
- H. SEPARATE lists of YELLOW and RED dotted patients will be given to the host organization at the conclusion of the Opening Clinic, so those patients may be dismissed.  
YELLOW listed patients will be re-scheduled for the next team.
- I. Although we encourage cooperation between the AfS medical team and our host counterparts, the ultimate responsibility for the safety of the patient, the quality of the surgical outcome and complications is OURS. Our local counterparts must be supervised and not work alone.
- J. The float anesthesiologist is the primary physician responsible for care of the post-op patients while they are in PACU. This means the float anesthesiologist is the person to be called regarding any medical issue that may occur while the patient is in the PACU. The pediatrician will be in a consultant role, not required to take care of post-op pain and airway management.  
If there is not a float anesthesiologist on a mission, other medical team members including pediatricians and surgeons, may be asked to manage post anesthesia care.
- K. The CRNA (if present) on a mission, will provide anesthesia care under the direction of the float anesthesiologist. Therefore a CRNA cannot be the float anesthesia provider.
- L. The pediatrician will write the pre-op and post-op orders for the ward, and be the primary physician taking care of the patients while they are on the ward. Since the pediatrician is responsible for post-op patient care on the ward, he or she has the final say as to whether a surgery should be canceled – after a professional discussion involving surgery, anesthesia, pediatrics, and nursing.

EVEN WITH OUR TRANSLATORS, THE LANGUAGE BARRIER REMAINS A POTENTIAL SOURCE OF MISCOMMUNICATIONS.

WHEN IN DOUBT, DOUBLE CHECK AND CONFIRM THAT WHAT YOU SAID IS COMMUNICATED.

BEWARE OF THE QUICK “YES” OR HEAD NOD THAT IS MORE A COURTESY THAN A KNOWLEDGEABLE REPLY

## 4. MEDICAL TEAM

*[Enter Medical Team & Operating Room Assignments Here]*

## 5. ON CALL SCHEDULE

Each night an on-call team will be available to respond to emergencies. Specialty-specific cell phones will be distributed. Please be sure to keep them charged and pass the phone onto the next person on call each morning during breakfast. Staff assignments and call schedule will be determined by mutual consent of the Lead Nurse and Lead Surgeon.

Here is a tentative call schedule:

*[Enter Call Schedule Here]*

## 6. WALK-IN CLINICS

Each day there will be a Walk-in Clinic. The Surgeon who is NOT in the OR will see the patients. Any additions must be registered and photographed and seen by the Pediatrician and Anesthesiologist and approved by the Medical Director. Walk-ins may be seen on an individual basis. Patients can be seen by Registration, Photography, Nursing, Anesthesia, and by a surgeon. The surgeon may need to see walk in patients between scheduled cases.

## 7. MEDICAL OCCURRENCE REPORTS

A *Medical Occurrence Report* must be filled out for ANY patient related medical incident, even if the incident is easily solved (such as a bleeding patient that goes back to the OR during the day). All reports will remain confidential. In order for us to insure the integrity of our work, we need to be informed of all medical incidents.

## 8. SAFETY-SAFETY-SAFETY

Our number one priority is safety - both for the patients and the team. Always keep this in mind and act accordingly.

**Thank you for joining this Alliance for Smiles mission.  
I wish all of you a successful and rewarding experience.**