

Surgical Procedures Performed in the PICU/PCICU: A Guide

Purpose: To define what surgeries may be performed in the PICU/PCICU and the process by which these procedures can be performed.

Definition: Surgical Procedures include any invasive procedure not performed by the pediatric intensivist including but not limited to:

- Extensive laceration repairs (including non-linear lacerations longer than 5 cm or requiring a multiple layer closure technique)
- Exploratory laparotomies
- Orthopedic internal fixations
- Halo device placements
- Intracranial hypertension monitoring device placement/removal
- Burr hole procedure
- Craniotomies
- Thoracotomies
- Peritoneal drain placement
- Chest closure/chest washout
- ECLS cannulation/decannulation
- ECLS cannula manipulation/securing
- Any other procedure not described above that would usually take place in an operating room

Process:

- If a surgical subspecialist makes a request for a surgical procedure (as defined above) to take place physically in the pediatric intensive care unit, there must be Attending to Attending communication of the request **AND** both surgical attending and PICU attending must agree that the case can be performed in the PICU. If either party deems that the case is not appropriate to move forward as a bedside surgical procedure, the case cannot be performed in PICU (see escalation process below).
- If the case is deemed appropriate for the PICU and requires operative support, it is the responsibility of the surgical team to mobilize the appropriate resources and staff necessary for the procedure including posting the case, mobilizing the operative team (residents, circulating nurse, assistant, etc) and pediatric anesthesia assistance.
- If the case is deemed appropriate for the PICU and requires operative support, the surgical attending of record must be physically present during the critical or key portions of the procedure. In cases of Immediate/Emergent operations, a qualified member of the Housestaff (Residents & Fellows) may begin the surgical procedure while the surgical attending is mobilized.
- If the bedside surgical procedure is for a trauma patient and the bedside procedure is a change from the operative plan agreed to in the trauma bay, the trauma attending of record must be notified of, and agree to, the change in the operative plan.
- If the case is deemed appropriate for a PICU bedside surgery, **AND** does not require operative team mobilization, the PICU attending is credentialed and can provide necessary anesthesia via TIVA (Total IV Anesthesia). At any time, due to unit acuity, length of case or other factors, either surgeon or PICU physician may activate pediatric anesthesia for anesthesia assistance or request operative team mobilization.

- If the case is deemed appropriate for the OR, it is the responsibility of the surgical team to initiate the process (posting the case, contacting anesthesia, etc).
- **ESCALATION PROCESS**
If there is disagreement between the appropriate location of the surgery between the PICU Attending and Surgery Attending, the PICU Medical Director or Division Chief (whichever is immediately available) in consultation with the Pediatric Surgeon in Chief will determine the best location for the surgery/surgical procedure. This determination is final.