MedStar Georgetown University Hospital

Department of Anesthesia	
Title: GUIDELINES FOR TERM & FORMER PRE-TERM INFANTS	**Policy Number:** 9102
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A) FULL TERM INFANTS:

POLICY: Elective surgery should be deferred until full term infants are older than **46 weeks gestational age.**

Rationale: Congenital anomalies that might increase the infant's anesthetic risk during the first few days of neonatal life may not be obvious yet.

B) FORMER PRE-TERM INFANTS:

POLICY: If possible, all elective outpatient surgery should be deferred until the ex-premature infant is older than **60 weeks post conceptual age.**

Rationale: Premature infants (born prior to 37 weeks of gestation) and some "preemie graduates" are at increased risk for post anesthetic complications compared to the mature neonates.

- This child must not have a history of apnea and bradycardia nor be on a home apnea monitor.
- Infants less than 60 weeks or with a history of apnea and bradycardia or on a home monitor **should not** be admitted as **SDS** patients.
- Infants 60 weeks post-conceptual age or younger, in whom surgery cannot be deferred, should be monitored for apnea and bradycardia with an apnea monitor and a pulse oximeter overnight post operatively. If apnea or bradycardia occurs during this period, monitoring should continue for 12 hours beyond the last apnea episode.
- These cases should be scheduled early in the morning so these infants can be discharged at a reasonable hour of the day, if no apneic episodes occur within 12 hours postoperatively.
- Parents will be informed of the relative risks of apnea following anesthesia in the former pre-term infant. They must accept the possibility of overnight admission for monitoring.

C) HISTORY OF APNEA AND BRADYCARDIA:

- Children on apnea/bradycardia monitor, regardless of age, must be monitored overnight post operatively. Children taken off home monitoring within 30 days of surgery must be monitored overnight as well.

D) HISTORY OF OTHER MEDICAL PROBLEMS:

- Full term infants older than 46 weeks and "preemie graduates" of greater than 60 weeks with complex medical histories identified by the surgeon and/or anesthesiologist preoperatively as having an increased risk for post-op apnea, bradycardia or complications should be monitored postoperatively for at least 6-8 hours.

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Russell T. Wall, MD
Chief of Service, Anesthesia