

**PATIENT LABEL**

### Checklist for Laser Treatment for Retinopathy of Prematurity (ROP)

| Date & Time | Task  | Responsibility   | Sign & Print |
|-------------|---|--|--------------|
|             | Parents aware of need for child to have Laser Surgery for ROP   | Ophthalmologist/Neonatal Team Medical Staff  |              |
|             | Parents given parent information leaflet on 'Treatment of ROP'  | Neonatal Staff   |              |
|             | Parents aware of need to be present on NNU on the day of ROP Laser treatment  | Neonatal Staff   |              |
|             | Last enteral feed to be given 4 hours prior to proposed time of procedure   | Neonatal Nurse   |              |
|             | 2 x IV cannula to be inserted on day of laser treatment   | Tier 1/Tier 2 Neonatal Staff   |              |
|             | Maintenance IV fluids, eye drops, premedication for intubation, sedation (morphine), paralysis to be prescribed   | Tier 1/Tier 2 Neonatal Staff   |              |
|             | Baby ID to be checked prior to moving to Laser Treatment Room on the NNU  | Neonatal Nurse x 2   |              |
|             | Check emergency equipment (Neopuff) is working  | Neonatal Nurse   |              |
|             | Medical and nursing notes, prescription chart to be transferred to Laser Treatment Room   | Neonatal Nurse   |              |
|             | Baby transferred to Laser Treatment Room with Neopuff and Ventilator  | Neonatal Nurse   |              |
|             | Continuous monitoring, skin temperature monitoring, BP measurement, overhead heater on  | Neonatal Nurse   |              |
|             | Safety briefing: <ul style="list-style-type: none"> <li>- Any allergies/cautions to be highlighted</li> <li>- Allocation of staff members to this procedure</li> </ul> <b>PLEASE LIST TEAM MEMBERS BELOW:</b> | Neonatal Consultant<br>Tier 2 Neonatal Staff<br>Tier 1 Neonatal Staff<br>Shift Coordinator<br>Neonatal Nurse |              |
|             | Elective intubation after administration of premedication<br><b>(DO NOT CUT ETT SHORT)</b>  | Tier 1/Tier 2 Neonatal Staff   |              |
|             | Chest X-ray to check ETT position   | Tier 1/Tier 2 Neonatal Staff   |              |
|             | Capillary blood gas to check ventilator settings  | Neonatal Nurse<br>Neonatal Medical Staff   |              |
|             | Contact Ophthalmic Surgeon to ensure that they are en-route and estimated timing of laser procedure   | Neonatal Nurse/<br>Shift Coordinator   |              |
|             | Give eye drops – phenylephrine 2.5% and cyclopentolate 0.5% 1 hour prior to laser procedure   | Neonatal Nurse   |              |
|             | Administer maintenance IV fluids – 120ml/kg/day 10% glucose and 0.18% sodium chloride   | Neonatal Nurse   |              |

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|             | Consent Form to be signed by parents after discussion with Ophthalmic Surgeon   | Consultant Ophthalmic Surgeon  |              |
|             | Administer morphine loading dose, followed by infusion (start at 20microgram/kg/hr) and paralytic agent infusion  | Neonatal Nurse   |              |
|             | At start of procedure<br>- all staff must wear goggles during the procedure<br>- room must be secure with laser warning light on and door locked<br>- shift coordinator aware that procedure has started  | Neonatal Nurse<br>Neonatal Medical Staff<br>Shift Coordinator  |              |
|             | Ophthalmic Surgeon to advise when starting procedure - nature and site (unilateral/bilateral) of procedure  | Ophthalmic Surgeon   |              |
|             | Recording of observations (vital signs including BP) at 15 minute intervals   | Neonatal Nurse   |              |
|             | Monitor for signs of pain and discomfort and increase of relevant medication accordingly  | Neonatal Nurse<br>Neonatal medical staff (Tier 2/Consultant)   |              |
|             | After procedure, chloramphenicol eye drops 0.5% to be administered  | Neonatal Nurse   |              |
|             | Note any specific instructions from Ophthalmic Surgeon  | Neonatal Nurse<br>Neonatal Medical Staff   |              |
|             | Set of observations prior to moving baby back to NNU ITU room   | Neonatal Nurse   |              |
|             | Ventilator to be moved into ITU Room whilst baby receiving IPPV via Neopuff   | Neonatal Nurse   |              |
|             | Baby to be transferred to ITU Room whilst receiving IPPV via Neopuff  | Neonatal Nurse   |              |
|             | Set of observations after moving baby back to NNU ITU room  | Neonatal Nurse   |              |
|             | Prednisolone 0.5% eye drops to be administered  | Neonatal Nurse   |              |
|             | Parents to be updated regarding completion of the procedure and general update  | Ophthalmic Surgeon<br>Neonatal Medical Staff   |              |
|             | Briefing post-procedure about subsequent actions<br><ul style="list-style-type: none"> <li>- Stop paralytic agent post procedure</li> <li>- Wean morphine infusion over 4 hours</li> <li>- Ensure adequate pain relief</li> <li>- Wean ventilation with aim to extubate</li> <li>- Nurse in darkened environment</li> <li>- Observe eyes for oedema, infection, bleeding</li> </ul> <p><b>PLEASE LIST TEAM MEMBERS BELOW:</b></p> | Neonatal Consultant<br>Tier 2 Neonatal Staff<br>Tier 1 Neonatal Staff<br>Shift Coordinator<br>Neonatal Nurse |              |