

ROP Laser Treatment Pause and Guidance

Baby name:

CHI number:

Date and time of proposed treatment: __/__/__ __: __ h

- All appropriate equipment and actions should be carried out in a timely way to ensure treatment starts at the time planned by the ophthalmologist.
- Where possible treatment should be scheduled for 10am. Ideally 8 hours planning is recommended, but on occasion ROP will need to be expedited. In this instance, additional planning and help may be needed to achieve the preparation required.
- If scheduled for Thursday am, please inform NCOT team in advance so clinic can be relocated
- Baby should remain normothermic with normal gas exchange during procedure
- Baby should have adequate sedation and pain relief maintained during procedure
- Ideally non-intubated babies should be intubated in laser treatment room to avoid transfer of ventilated baby from the nursery. This may not be possible due to staffing or clinic.
- Written or verbal consent should be obtained preferably prior to preparation beginning

Approximately 8 hours before treatment: __/__/__h	Tick when complete
Medical staff to site iv cannula	
Medical staff to prescribe fluids at 120ml/kg/d of 10% glucose/0.18% NaCl	
Actions complete (Nurse to sign):	

Approximately 6 hours before treatment: __/__/__h	Tick when complete
No further enteral feeds to be given (please provide time of last feed)	Time:
Start maintenance iv fluids	
Gather equipment: <ul style="list-style-type: none"> • Resuscitaire open cot set up in laser room • Resus trolley in laser room with <ul style="list-style-type: none"> ○ appropriate size mask ○ pedicap ○ appropriate ETT and laryngoscope sizes ○ appropriate ETT fixation, caviion and spares ○ self-inflating bag • Stethoscope • Equipment for SP02, ECG, temp and BP monitoring • Working suction and suction catheters • Ventilator plugged in and set up • Equipment for blood gas analysis 	
Actions complete (Nurse to sign):	

Approximately 2 hours before treatment: __ / __ h	Tick when complete
Medical staff to prescribe: <ul style="list-style-type: none"> • Eye drops • Intubation drugs – atropine, morphine and suxamethonium • Morphine infusion • Long-acting muscle relaxant (eg vecuronium/pancuronium) 	
Nursing staff to move baby to open cot	
Actions complete (Nurse to sign):	

Approximately 1 hour before treatment: __ / __ h	Tick when complete
Move baby to laser room	
Administer eye drops (first dose)	
Prepare intubation drugs	
Insert NGT and empty stomach	
Intubation pause and intubation	
CXR	
Actions complete (Nurse to sign):	

Approximately 30 mins before treatment: __ / __ h	Tick when complete
Prepare morphine infusion and muscle relaxant	
Ensure temperature monitoring in situ	
Perform blood gas 30-60 minutes after intubation	
Administer eye drops (second dose)	
Parents to be consented by ophthalmologist if not already done	
Actions complete (Nurse to sign):	

During treatment
<ul style="list-style-type: none"> • Emergency phone number 22603 and reception phone number 22601 • Multiparameter monitoring • Blood gas every 4 hours or as required • Provide muscle relaxant as required

Aftercare
<ul style="list-style-type: none"> • Actively wean ventilation where gases allow aiming for extubation as soon as possible • Morphine to be discontinued at 12 hours post procedure unless in obvious pain • Enteral feeds to be restarted at 6-12 hours post procedure at half, then full, volumes • Remove iv cannulae at 120ml/kg/d feeds and then continue to wean feeds to previous • Continue eye drops as per ophthalmologist advice