

Bedside Surgery Protocol
Trauma / Emergency General Surgery / Surgical Critical Care
Vanderbilt University Medical Center
Revised 2007

Indications:

- a. Decompressive Celiotomy for Abdominal Compartment Syndrome
- b. Exploratory Celiotomy for Acute Hemodynamic Decompensation Due to Intra-abdominal hemorrhage
- c. Re-Exploration of a previously Open Abdomen for washout or primary fascial closure.
- d. Exploratory Celiotomy for Rule Out Intra-abdominal Sepsis in a patient with Ventilatory Requirements prohibitive of safe transport to the OR.
- e. Percutaneous Tracheostomy
- f. PEG / PEJ
- g. Endoscopy for UGIB / LGIB

Bedside Surgery Protocol

1. The ICU Attending and the Operating Surgeon will be present for the entire surgical procedure.
2. Obtain Informed Consent (if possible).
3. Pre-procedure Checklist to be reviewed by the bedside nurse.
4. The bedside nurse and a respiratory therapist will monitor the patient and record the procedure (Conscious Sedation Sheet)
 - a. Monitors: ECG, BP (A-Line / q 5min.), Pulse Oximetry, ICP (in indicated), ventilatory settings
5. Indication to proceed to the Operating Room (LEVEL 1)
 - a. Surgical Bleeding
 - b. Dead Bowel
 - c. Need to Open another Body Cavity
 - d. Surgeon Preference
6. For Bedside Laparotomies,
 - a. A sterile perimeter will be set up in the patient's room. All individuals must wear a surgical head covering and mask.
 - b. The ICU Attending will oversee the anesthetic management of the patient.
 - i. General Anesthesia – propofol, Ativan, vecuronium, and set-up of the ventilator
 - c. A sterile hand wash should be performed by the operating team.
 - d. Pro-operative antibiotics are indicated only if a new surgical wound is to be made. (Ancef 1 gm IV)
 - e. A Betadine / Chlorhexidine abdominal prep will be used.
 - f. A standard Bovie will be set up (when indicated).
 - g. Wall Suction canisters set-up.
 - h. (4) L warm NS Irrigation
 - i. A standard bedside celiotomy tray will be set up including suture on a sterile field.
7. For Percutaneous Tracheostomies
 - a. A sterile perimeter will be set up in the patient's room. All individuals must wear a surgical head covering and mask.

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- b. The ICU Attending will oversee the anesthetic management of the patient.
 - i. General Anesthesia – propofol, Ativan, vecuronium, and set-up of the ventilator
 - c. A sterile hand wash should be performed by the operating team
 - d. High Risk Patient for Percutaneous tracheostomy should be monitored with intra-operative bronchoscopy.
 - e. Rhino Perc Trach Kit, Cut-Down instrument set, suture (2-0 silk), tracheostomy soft pack, 8 Shiley trach, intubation tray, end tidal CO2 monitor.
 - f. Chlorhexidine skin prep
 - g. Post-procedure chest x-ray
8. For Bedside GI Endoscopy
- a. The ICU Attending will oversee the anesthetic management of the patient.
 - i. General Anesthesia – propofol, Ativan, vecuronium, and set-up of the ventilator
 - b. Video gastroscope system
 - c. Bard PEG / PEJ / Naso-enteric feeding tube kit
 - d. T-fasteners are to be used when placing transgastric jejunal feeding tube.
 - e. T-fasteners are to be cut at day 10.
 - f. Cut-Down Instrument Set and Suture (2-0 silk).
 - g. A notation is made where the g-tube exits the skin in the procedure not and nurse note.