



**RCNIC MANUAL**

NUMBER: **V-1.08**

PAGE: **1 of 3**

DATE OF ORIGINAL:

DATE OF REVIEW: **12/07**

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**SUBJECT:** Infant with Tracheosophageal Fistula

**APPROVAL**

**Preoperatively:** Refer to V-302, Perioperative Patient

Outcome Criteria:

- I. Patient will maintain and achieve optimal respiratory function.

Process Criteria:

A. Assess and document infant's respiratory function.

1. Auscultate breath sounds for quality, rhythm and rate. Observe chest wall symmetry and effort.
2. Monitor oxygenation with pulse oximetry as ordered. Assess skin color and capillary refill.
3. Monitor blood gases and hematocrit as ordered.
4. Monitor tolerance/response to care and ventilator/oxygen weaning.

B. Use respiratory supportive measures per physician order.

1. Maintain patent airway; e.g., suctioning, positioning.
2. Administer humidified oxygen.
3. Use assisted ventilation if applicable; e.g., CPAP, conventional ventilator. See Standard of Care for Intubated/Ventilated Patient.

Outcome Criteria:

- II. Patient will maintain adequate hydration/nutrition.

Process Criteria:

- A. Maintain strict I & O.
- B. Weigh daily.
- C. Assess for signs of adequate hydration: skin turgor, capillary refill and heart rate.
- D. Administer IV fluids as ordered.
- E. Administer replegic output replacement fluid as per physician orders.
- F. NPO if ordered.
- G. Obtain labs as ordered.
- H. Obtain type and cross as ordered.

Outcome Criteria:

- III. Parents will participate in the preoperative process.

Process Criteria:

- A. Assess parent/family experience and perception of the operative process.
- B. Insure that signed consents have been obtained from parents for the surgical procedure and for possible blood transfusion.



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C. Initiate teaching, utilizing patient education record:

1. Provide explanation of NIPS pain scale and pain management.
2. Discuss postoperative expectations -Equipment -Ventilator

D. Explore family support system and cultural beliefs.

E. Contact social worker and chaplain for support as needed.

Postoperatively:

Outcome Criteria:

- IV. Infant will remain infection free (pneumonia), (VAP).

Process Criteria:

- A. Keep HOB elevated in at least a 15 degree upright position to avoid reflux and aspiration of gastric secretions. If EA is present without a fistula, preferred position may be flat or head down to facilitate drainage of saliva out Of esophageal pouch.
- B. Maintain patency of replogle, follow established guidelines of irrigation with 2 ml NS.
- C. Establish "Critical Airway" instruction and post at bedside.
- D. Assess for sign of infection -vital sign changes.

Outcome Criteria:

- V. Infant will maintain an acceptable level of comfort.

Process Criteria:

- A. Refer to V-301, Pain Management Standard.
- B. Assess and document infants comfort level every two hours and prn using the NIPS Pain Scale.
- C. Titrate pain and sedation medications as needed.

Outcome Criteria:

- VI. Patient will recover postoperatively without complications.

Process Criteria:

- A. Suction ETT only to the length of the ETT to avoid damage to the tracheal suture line.
- B. Oral suction carefully with a measured catheter.
- C. Monitor chest tube site for occlusiveness, condition of dressing.
- D. Observe for abdominal distention, discoloration and stool patterns characteristics.
- E. Auscultate for bowel sounds every four hours and PRN.
- F. Palpate for bowel loops, masses Dr rigidity.

G. Pace care and decrease external stimulation.

**Outcome Criteria:**

VII. Infant will maintain adequate hydration/nutrition.

**Process Criteria:**

- A. Maintain strict I & O.
- B. Administer IV fluids as ordered.
- C. Offer enteral feeds as ordered.
- D. Obtain labs as ordered.

**Outcome Criteria:**

VIII. Family members will be able to communicate fears, anxieties and concerns. Support will be available as needed.

**Process Criteria:**

- A. Assess family members understanding of infant's status and treatment and verbalize understanding of care.
- B. Provide information and educate family members about infant's Status: (e.g., daily plan of care, rounds and care conferences).
- C. Provide family with The Parent Guide to TEF.
- D. Collaborate with family to provide support services: (e.g., pastoral care, social services, holistic health, child life and community resources).
- E. Provide opportunities for family to participate in care based on infant's level of acuity: (e.g., mouth care, containment, general infant care).

**Outcome Criteria:**

IX. Infant will progress developmentally during the hospitalization.

**Process Criteria:**

- A. Pace care to minimize noxious stimuli.
- B. Monitor infant's response to care and ability to tolerate.
- C. Allow periods of rest.
- D. Assess development on an ongoing basis: (e.g., sucking, palmar grasp, responsiveness and muscle tone).

**References:**

- Merenslein, G.B. & Gardner, S.L. (Eds.) (2002). Handbook of Neonatal Intensive Care (5<sup>th</sup> ed.) St. Louis Mosby, Inc.
- Verklyn, M.T. & Walden, M. (Eds.) (2002). Core Curriculum for Neonatal Intensive Care Nursing (3<sup>d</sup> ed.) St. Louis: Elsevier Saunders.
- Fanaroff, A.A. & Martin, R.J. (2002). Neonatal-Perinatal Medicine, Diseases of the Fetus and Infant (7<sup>th</sup> ed., Vol., 2).