



Audit of Documentation of Surgical Decision Making In Neonates

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Background/Aims

The 2011 National Confidential Enquiry into Post Operative Death in Children analysed the notes of 378 children dying after surgery¹. Evidence of MDT discussion was only present in 33% of children undergoing emergency surgery, in 25% of cases the person consenting was not of sufficient experience to perform the procedure and in 20% death was not mentioned specifically when it would have been advisable.

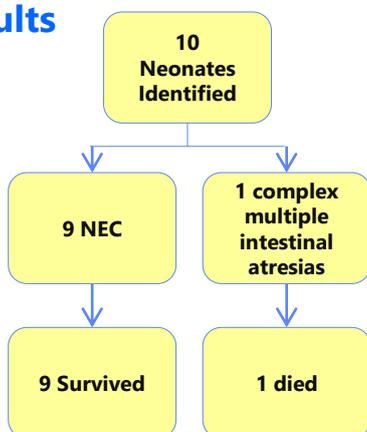
In this audit we seek to explore whether our current practice falls in line with national recommendations formed following this review.

Methods

Neonates undergoing surgery for NEC and other abdominal disorders over 12 months were identified from the NEC registry and other cases identified from surgeons logs.

For each the notes were investigated retrospectively for evidence of the audit outcomes. Stringent binary outcomes were applied.

Results



Results Continued

Median gestation 26+3 weeks and birth weight 848g.

Median age at discussion 18.5 days, median weight at surgery 812g.

In 2 cases the parents were not available and telephone consent was taken.

In 2 cases there was a complex social situation, with maternal incarceration or capacity difficulties due to substance abuse.



Population	Standards	%
In neonates whose surgery is high risk due to co-morbidity and/or anticipated Surgical or Anaesthetic Difficulty (n=10)	Are discussions with Parents/carers documented in notes?	50
	Is risk of Death formally documented?	30
	Is the Grade of Consent Taker appropriate?	90
In neonates with necrotising enterocolitis (n=9)	Are the MDT views accurately recorded in the Babies Notes?	56
	Are the views of the team accurately recorded in the notes?	44

Conclusions

Documentation of surgical decision making in neonates is poor and does not reflect the realities of the level of communication between surgical, neonatal and the families of neonates undergoing surgical review. Guidelines are being implemented at present:

Sheffield Children's NHS NHS Foundation Trust Sheffield Teaching Hospitals NHS NHS Foundation Trust

Guidelines for the Documentation of Surgical Decision Making In Neonates

References

Mason DG et al, 'Are we there yet?: A review of Organisational and Clinical Aspects of Children's Surgery', NCEPOD 2011

'Multidisciplinary Team working should be regarded as core to a high level service to children. A clear record of such discussions should be made'.¹