

PROTOCOL/
PROCEDURE FOR: Circumcision

- POLICY:**
1. The nurse will assist the physician with the circumcision procedure, monitor the infant for complications and provide site care.
 2. Universal protocol will be implemented prior to circumcision.

DESIRED PATIENT

- OUTCOMES:**
1. Site of circumcision will remain free of infection.
 2. No hemorrhage will occur following circumcision.
 3. Pain and discomfort will be minimized.

EQUIPMENT: Circumcision board
Circumcision tray
Type and size clamp requested by physician
Mogen (one size)
Gomco (cm size engraved on clamp)
Sterile gloves
Betadine solution
Local anesthetic (Xylocaine 1% plain)
Sterile 2x2s
Pacifier
Bacitracin ointment
24% sucrose in water solution
Glucose water bottle and nipple (if requested by physician)
Acetaminophen

- SAFETY:**
1. Suction available at bedside.
 2. Infant will be placed on restraint board or chair with extremities restrained using padded Velcro straps.
 3. NPO for at least 2 hours before procedure.

DOCUMENTATION: Pain Assessment Scale (HCH-682)
Universal Protocol Procedural Checklist (HCH-1931)

**CLINICAL
ASSESSMENT AND
CARE BEFORE**

- CIRCUMCISION:**
1. Stable vital signs.
 2. Neutral thermal environment maintained.
 3. Verify vitamin K administration after birth.
 4. Genitalia without evidence of hypospadias or epispadias.
 5. Testes are descended and scrotal sac free of hydrocele.
 6. Infant has been NPO at least 2 hours before procedure.
 7. Surgical permit signed.

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8. If EMLA cream ordered, must be applied at least one hour before procedure.
9. Verify infant's identity by checking identification bands - document "time out" on the Universal Protocol Procedural Checklist.

PROCEDURE:

<u>ACTION</u>	<u>POINTS OF EMPHASIS</u>
1. Set up suction.	1. Infants should be NPO for at least 2 hours before procedure to decrease chance of vomiting and aspiration when restrained on circumcision board.
2. Set up circumcision tray, including Betadine, Lidocaine, syringe and appropriate clamp.	
3. Place infant on circumcision board or chair and restrain extremities using Velcro straps.	3. It may be necessary only to restrain lower extremities.
4. Administer 24% sucrose in water solution per protocol "Sucrose Administration for Procedural Pain in Newborn Infants" prior to administration of xylocaine block.	
5. Administer acetaminophen prior to circumcision, if ordered. Acetaminophen may not relieve the procedural pain but will relieve post-operative pain.	
6. Provide comfort measures during procedure such as pacifier, touch, talking to infant, sips of glucose water as requested by physician.	
7. Maintain neutral thermal environment during procedure.	
8. Assess tolerance of procedure.	
9. After completion of procedure, apply bacitracin and sterile gauze to infant's penis.	

CLINICAL
ASSESSMENT AND
CARE AFTER

- CIRCUMCISION:
1. Site: with each diaper change, assess for:
 - a. Signs of infection
 - b. Edema

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- c. Bleeding
 - 1) *Report bleeding or signs of infection.*
- 2. Pain assessment q 4 hours x 8 hours then pain screening per protocol.
 - a. Continue pain assessments q 4 hours if pain scores > 4 or receiving analgesic.
- 3. Administer analgesics as ordered.
- 4. Monitor for and document first void.
- 5. Apply new sterile gauze with bacitracin with each diaper change for 48 hours after circumcision, then apply bacitracin or petrolatum (e.g., Vaseline).
- 6. If a Plastibell device is used, no site care (e.g., gauze and bacitracin) is needed unless this is specifically ordered by the MD. The Plastibell ring is expected to come off approximately 5 to 8 days after circumcision.

**PARENT
TEACHING:**

- 1. Application of bacitracin and sterile gauze with each diaper change x 48 hours, then bacitracin or petrolatum x 8 days. Long-term use of emollient is for the prevention of adhesions.
- 2. If previous dressing adheres to site, moisten with water before removing.
- 3. Call physician with signs of infection (drainage, increased redness, swelling or fever).
- 4. Instruct family to call private physician if a discharged infant fails to void over night after discharged home.
- 5. Management of pain post-discharge. JDH data have shown that most infants return to baseline pain scores by 4 hours after circumcision and analgesics usually are not needed beyond the first few hours post circumcision.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 4/90

REVISION DATES: 6/91, 9/92, 8/93, 2/97, 11/99, 10/00, 11/02, 12/04, 7/08, 12/08

REVIEWED DATES: 11/07