A. **POLICY:**

1. Circumcisions are performed after parents have been informed of the implications of the procedure and after the infant is a minimum of six (6) hours old, has been examined for cardiovascular stability and normal male genitalia by a physician, and is in stable condition.

2. Infants in Children’s Services need attending physician approval for circumcision.

B. **PROCEDURE:**

C. **PERSON RESPONSIBLE:**

1. Provider

D. **ACTION:**

1. Informs parent(s) of circumcision implications and obtains signed & witnessed informed consent.

2. Surgeon has performed focused H & P and screened infant for contraindications or the Pediatrician has completed an H&P, noting normal male genitalia.

3. Contraindications could include: hypoglycemia, sepsis, hypospadias or any current illness or medical condition that requires monitoring of the infant.

4. IM Vitamin K administration must be verified as given.

5. Surgeon completes procedural note.

E. **PERSON RESPONSIBLE**

1. RN or Unit Tech

F. **ACTION:**

1. Checks to see that a complete and signed informed consent by one or both parents is in the medical record.

2. Checks ID bands on infant to ascertain name matches consent.

3. Asks parent(s) for permission to use a Sucrose pacifier prior to circumcision for nonpharmacologic pain relief.

4. Prepares for procedure by gathering the following equipment:
   a. Circumcision board with straps
   b. Circumcision instrument pack
   c. Appropriate local anesthesia equipment
   d. Plastibell, Mogen or Gomco clamp in correct size
   e. Scalpel (if using Gomco, Mogen)
   f. Vaseline gauze (if using Gomco, Mogen)
g. Sterile safety pin (physician preference)
h. Sterile gloves of appropriate size
i. Bottle Nipple
j. Sweet-Ease™ if parents consent to use of Sucrose pacifier during procedure
k. 2 x 2 gauze

5. Places infant on circumcision board. Leaves T-shirt on and places diaper under infant’s buttocks. Swaddles upper body of infant in blanket with arms across chest.

6. Secures infant’s legs to circumcision board.

7. Dons gloves and washes infant’s genital area with Betadine.

8. Places a 2x2 gauze pad inside a regular nipple and saturates it with 2-3 cc Sweet-Ease™ sucrose solution.

9. Allows infant to suck on the saturated pacifier for 2-3 minutes prior to actual procedure.

G. PERSON RESPONSIBLE:
1. Physician/Midwife/Staff Member Assisting with procedure

H. ACTION:
1. Provider performs and documents procedural pause.

I. PERSON RESPONSIBLE:
1. RN or Unit Tech

J. ACTION:
1. Has infant bulb syringe accessible.
2. Opens circumcision instrument pack. Adds Plastibell, Mogen or Gomco clamp and safety pin and Vaseline gauze if indicated.
3. After procedure, cleans around genital area, provides ointment of choice to provider for application, and then diapers infant. Uses a tight diaper for infants who have had a circumcision by Gomco or Mogen clamp.
4. Discards pacifier immediately after procedure is completed.
5. Discards container of Sweet-Ease™ after procedure is completed. (Each container is single-use only.)
6. Places dirty instruments into central sterilization tray.
7. Places straps in plastic bag to be washed.
8. Cleans circumcision board and counter area with antiseptic cleaning solution.
9. Fills out charge sheet
10. Returns infant to room and checks ID band with mother’s ID band. Inform RN that infant is post circumcision.

K. PERSON RESPONSIBLE:
ACTION:

1. Removes diaper within 20 to 60 minutes after the procedure to observe for excessive bleeding.

2. Notifies physician or midwife if there is excessive bleeding, applies pressure to circumcision site and applies hemostatic agent with physician or midwife order to circumcision site.

3. Completes and documents parent teaching regarding care of circumcision and signs and symptoms of concern. Refers to Maternity Care Guide.

NOTE:

1. Infants greater than six (6) weeks of age will not be circumcised in the Outpatient Circumcision Clinic.

2. Premature infants with corrected age greater than six (6) weeks of age will also not be circumcised in the Outpatient Circumcision Clinic.

References

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<td>Susan E Rutherford</td>
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