PURPOSE:
To outline the steps taken for an infant who undergoes a circumcision procedure on the Family Maternity Center (FMC)

INCLUSION/ELIGIBILITY FOR CIRCUMCISIONS:

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, has demonstrated successful feed (latch with duration of a minimum of 15 minutes or bottle feed) and is in stable condition.
2. Infants in Children’s Services need attending physician approval for circumcision.
3. Infants greater than six (6) weeks of age will not be circumcised in the Outpatient Circumcision Clinic.
4. Premature infants with corrected age greater than six (6) weeks of age will not be circumcised in the Outpatient Circumcision Clinic.

PROCEDURE:

Sucrose used for Pain:

1. 24% Sucrose is used for neonatal pain management during a circumcision
2. Peak effect is approximately 2 minutes after administration with duration effect of approximately 5 minutes
3. Typical dose for term newborns is 0.5 mL to 2 mL delivered through a feeding nipple or medication administration pacifier

PERSON RESPONSIBLE:

Provider:

1. Informs parent(s) of circumcision implications and obtains a signed and witnessed informed consent
2. Performed a focused H & P and screened the infant for contraindications or the Pediatrician has completed an H&P, noting normal male genitalia.
3. Evaluated infant for contraindications that could include: hypoglycemia, sepsis, hypospadias or any current illness or medical condition that requires monitoring of the infant.
4. Verified that IM Vitamin K administration has been given
5. Identifies/requests required equipment
6. Performs procedural pause prior to procedure
7. Completes procedural note in Cerner

RN or Unit Tech:

1. Checked for and has available emergency equipment/supplies including bulb syringe
2. Verifies that a complete and signed informed consent by one or both parents is in the medical record
3. Checks ID bands on infant to ascertain name matches consent
4. Asks parent(s) for permission to use a pacifier and sucrose solution prior to circumcision for nonpharmacologic pain relief
5. Prepares for procedure by gathering the following equipment:
   - Circumcision board with straps
   - Circumcision instrument pack
   - Appropriate local anesthesia equipment
   - Plastibell, Mogen or Gomco clamp in correct size
   - Scalpel (if using Gomco or Mogen)
   - Vaseline gauze (if using Gomco or Mogen)
   - Sterile safety pin (physician preference)
   - Sterile gloves of appropriate size for provider
   - Bottle Nipple for use of administration of oral sucrose
6. Opens circumcision instrument pack.
   a. Adds Plastibell, Mogen or Gomco clamp and safety pin and Vaseline gauze if indicated.
7. 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.
8. Secures infant’s legs to circumcision board
9. Dons gloves and washes infant’s genital area with Betadine
10. Uses bottle nipple or medication pacifier to administer 24% sucrose solution
    a. Start with 1 mL of solution and allow infant to suck for 2 minutes prior to actual procedure
    b. May give additional 1 mL of solution if needed for additional pain management
11. After procedure:
    1. Cleans around genital area
    2. Provides ointment of choice to provider for application
    3. Diapers infant using a tight diaper for infants who have had a circumcision by Gomco or Mogen clamp.
12. Discards pacifier used for sucrose administration immediately after procedure is completed
13. Discards containers of opened 24% sucrose after procedure is completed (Each container is single-use only)
14. Places dirty instruments into central sterilization tray and sprays them with an enzyme breakdown solution
15. Places straps in plastic bag to be washed
16. Cleans circumcision board and counter area with antiseptic cleaning solution
17. Fills out charge sheet
18. If inpatient, returns infant to room and checks ID band with mother’s ID band. Inform assigned RN that infant is post circumcision.
19. If outpatient, escorts infant & parents to Triage Waiting Room. Notifies Postpartum Charge RN that infant is post circumcision.

RN (post procedural assessments/monitoring):

1. Removes diaper within 20 to 60 minutes after the procedure to observe circumcision site and evaluate for excessive bleeding
   a. If inpatient, assesses circumcision area with head to toe assessments each shift
   b. If outpatient clinic, if circumcision site clean and intact without excessive bleeding, baby can be discharged to parents for post procedure care as outlined in discharge instructions.

Circumcision of Newborn Discharge Instructions-DC 461

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2. Notifies provider who performed the circumcision if there is excessive bleeding
   a. Applies pressure to circumcision site
   b. If ordered by the performing provider, applies hemostatic agent to circumcision site
3. Completes and documents parent teaching regarding care of circumcision and signs and symptoms of concern. Refers to Maternity Care Guide and discharge instructions.

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REFERENCES:

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