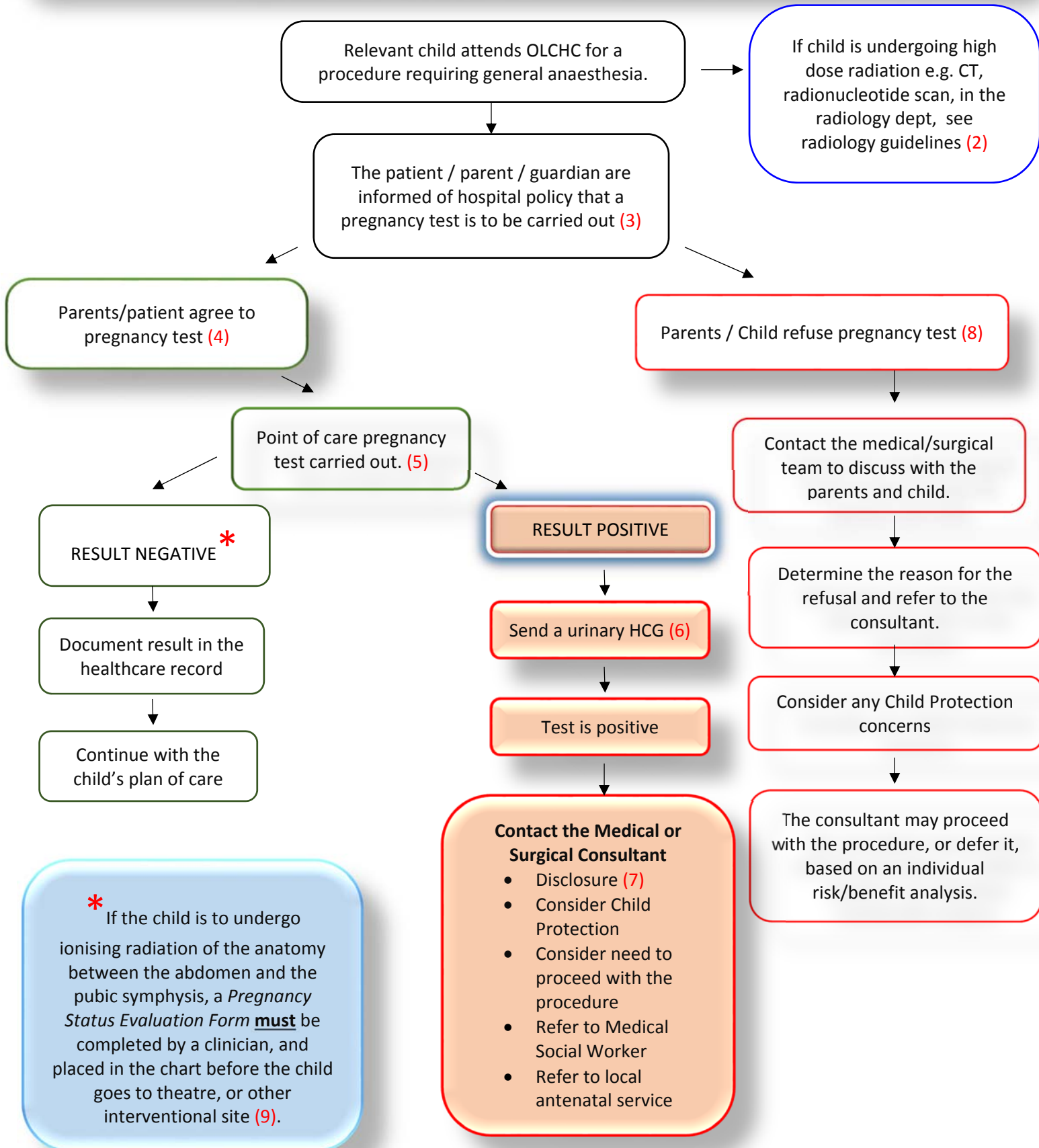


PREGNANCY ASSESSMENT FLOWCHART

Female children: age >12 years, who have commenced menarche, and who are Attending CHI at Crumlin for a procedure under general anaesthesia, Must have their pregnancy status evaluated prior to their procedure. (1)



Explanatory Notes on Flow Chart

1. Female children who are to attend the theatre department for a procedure under anesthesia must be asked in a sensitive manner if they have commenced menstruation. If the answer is yes, and the child is over 12 years of age, then a pregnancy assessment must be carried out (see 5). In children with a significant chronic health problem or disability, or be returning to theatre for multiple procedures, the consultant anaesthesiologist caring for the child can decide that there is no requirement to carry out a pregnancy test in that instance. However, the default position is to perform a pregnancy test on all menstruating patients. Any deviation from this should be clearly documented in the HCR.
2. Current legislation imposes specific requirements on healthcare institutions for the protection of post-menarchal female patients undergoing high dose radiation (e.g CT). Please contact radiology for guidance.
3. There are two main options to determine the pregnancy status of female patients. Direct enquiry is one option. This option may not reveal the presence of pregnancy, and thus CHI at Crumlin have opted to carry out point of care urine testing. If being asked about pregnancy, patients have a right to be asked in confidence, and separate from their parent/guardians if required. Information obtained must be treated sensitively. Safeguarding concerns must always be considered when asking about pregnancy.
4. The need for a pregnancy test should be explained and discussed with the patient and parents/guardians by the admitting nurse, and verbal consent acquired.
5. A ward-based Point of Care Test should be carried out by the admitting nurse. This detects the presence of Human chorionic gonadotropin (HCG) within a few days of implantation of the embryo. It must be borne in mind that there is a risk of false negative test. If the Point of Care test is negative, but there is good reason to suspect that patient might be pregnant, a second specimen should be sent to the lab.
6. If a positive Point of Care test is positive a sample of urine is sent to the laboratory for testing as some point of care urine tests can be positive in the absence of pregnancy, and some rare conditions can cause a positive result. The primary consultant must be informed as soon as possible of a positive test. The consultant will decide if the intended procedure needs to be deferred. Consider Child Protection concerns at this stage.
7. If pregnancy is confirmed, a senior member of the medical/surgical team must attend to inform the child and her parents/guardians. A child who is pregnant has the right to discuss their pregnancy in private. This conversation should be held with sensitivity and discretion. The patient should be supported to inform their parents/guardians. However, if they absolutely refuse to do so, this creates a tension between the child's right to confidentiality, and a parental right to information about their child's welfare. Where the balance is to be struck (and this may relate to the age of the child) is currently uncertain. Thus, in the unlikely circumstances that a child is both pregnant, and refusing to disclose this to her parents/guardians, senior management advice should be sought prior to any disclosure being made.
8. In the event that a patient / parent / guardian refuses to allow a pregnancy test to be carried out, the responsible consultant must be contacted and a decision made whether they will proceed with the proposed procedure, or postpone it. On an individual basis the surgeon /clinician may decide to go ahead in the absence of a pregnancy test with the risks documented. Alternatively the surgeon/clinical is also justified to refuse to go ahead with the procedure detailing his concerns in the HCR. It is essential that Child Protection issues are considered in this situation.
9. Where the anaesthetised patient will undergo radiological screening of the anatomy between the diaphragm and the symphysis pubis, which includes all radionuclide imaging, a *CHI Pregnancy Status Declaration* must be completed by the clinician, and placed in the chart prior to the child coming to theatre. The radiographer needs to electronically scan the form into NIMIS PACS. It is essential that the correct documentation accompanies the child to theatre, as in their absence the radiological screening/scanning cannot take place. It is essential that safeguarding is considered in this situation.