Stakeholder: SURGICAL HOSPITAL

INITIAL ASSESSMENT

1st Assessment **Open SHIP Passport** <u>Clinical examination</u> should include at least: (documentation in center file) general condition body temperature weight, nutritional status & (de)hydration deformities head circumference to be put on chart (in case of HC) fontanels cele wound skin/pressure sores → Refer to pediatrician/treatment in case of fever or other diseases Decision taking flow chart: Spina Bifida → Check Cele: 1) Closed: referral to Hospital/Surgical Hospital for clinical examination and further decision making by specialist doctor cover wound with non-adhering sterile dressing & saline instruct parents on wound care of cele contact SHIP coordinator referral to Hospital/Surgical Hospital for clinical examination and further decision making by specialist doctor **Check Hydrocephalus** Hydrocephalus \longrightarrow Measure head circumference (and put on chart): emergency referral to Hospital/Surgical Hospital 1) Progressive: contact SHIP coordinator immediately 2) No (progressive): measure head circumference regularly (and put on chart) Antibiotics only in case of clinical signs of sepsis Counseling of parents (together with Parent Support Group) Inform about condition and next steps in treatment & follow-up Discuss cost implications for transport and treatment Discuss available resources to help family Identify main contact person for family, i.e. SHIP coordinator Provide relevant leaflets **Update SHIP Passport** Inform SHIP coordinator



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Stakeholder: SURGICAL HOSPITAL

SURGICAL CARE

Pre-op	Assess need/level of urgency for operation(s)
	Clinical examination includes at least:
	General condition
	Weight, nutritional status, (de)hydration
	Body temperature
	Deformities
	For HC: Head circumference to be put on chart
	Ultrasound of head, only if needed
	HIV (for risk of shunt infection)
	Neurological examination
	For SB: Ultrasound of kidneys & bladder
	In case of HC, see above
	<u>Laboratory</u> ->
	Meningitis, in case of babies<3mo with fever and convulsions
	Counseling and sensitization of parents
	Antibiotics only when needed (guidelines WHO pocket book)
	Ventricular taps
	Only in case of infections with clinical signs
	By trained medical staff, and under supervision of doctor
	→ Patient needs to be stable before operation: i.e. rehydrated, non-septic, non-anemic
Operation	WHO Surgical Safety Checklist
	Minimum requirements for operations:
	Clean theater with basic material
	Good anesthesia and experience anesthesiologist
	Skilled surgeon
	Ultrasound is not needed, but recommended
	SB with HC:
	No shunt within one week after back closure
Post-op	Proper hygiene and nutrition to avoid infections
	Ultrasound of head, if available (in case of HC)
	Minimum stay to be decided depending on medical status, travel distance and follow-up
	network in home area
Discharge	Refer to CBR center in home area -> Contact CBR center
	Inform parents about follow-up: frequency, location, etc.
	Train parents (together with Parent Support Group):
	Degree and risks of paralysis
	Continence management
	Skin care
	High pressure signs
	Mobility, Physio-/Occupational Therapy
	Provide relevant leaflets Provide folic acid
	Update SHIP Passport before giving it to parents



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FOLLOW UP

Outreach Clinic	Outreach Clinics jointly organized by CBR service and Surgical Hospital Documentation in center file Patients to see: Nurse, PT, OT, Doctor, Social worker Surgeon/clinical officer, radiologist -> when at hospital Frequency: 1 st year: after 1, 3, 6, 12 months 2 nd year: twice Then once every year
	Also follow-up of children not operated
	Record/verify all contact details of family Clinical examination includes at least: General condition Shunt functioning Neurological examination Skin problems GI Infections (urine/bladder test) Measure head circumference (put on chart)
	Assessment and Training of parents and children * (together with Parent Support Group): Bladder and bowel management Sensitization and Skin care Appliances Deformities Mobility and Physio-/ Occupational Therapy Development milestones Transition to adulthood Education/ Schooling/ Inclusion
	Provide <u>folic acid</u> <u>Update SHIP passport</u> during each clinic
Home visits	In case of families not attending outreach clinics Documentation in center file
	Same <u>assessments</u> as during outreach clinics, where possible <u>Assess home environment</u> : Accessibility, Family situation, Education, Environmental <u>Create awareness</u> : Meet with local leader/ village chairperson/ health institutions/ schools/ neighbors <u>Update SHIP Passport</u> after each home visit

^{*} can be done during parent meetings



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