



DR. PABLO O. TORRE
MEMORIAL HOSPITAL

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Negros Occidental,
6100

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Page Number:	1
Department/Section:	Delivery Room
Document Title:	ASSISTING IN CIRCUMCISION

PURPOSE:

1. Religious Belief: Many cultures and religious practice circumcision as a traditional rite of passage.
2. Personal Preference of Parents.
3. Hygiene: to make personal hygiene easier and to lower risk of infection and penile cancer.

OBJECTIVE:

To be able to deliver nursing care management according to the quality standard procedure of performing Circumcision.

RESPONSIBLE PERSON:

Attending Physician, OB Gyne Resident, Registered Nurse, Registered Midwife,
Nurse Attendant

GENERAL GUIDELINES:

1. There should be a written doctor's order for circumcision from the pediatrician.
2. To make an informed choice, parents of all male infants should be given accurate and unbiased information and be provided the opportunity to discuss the decision.
3. An informed signed consent should be secured by the physician from the patient's parents.
4. Can be done as in patient or as out patient.



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Page Number:	2
Department/Section:	Delivery Room
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5. The baby must maintain on NPO for at least an hour before the procedure or depending on the pediatrician's order.
6. The procedure lasts for 15-20 minutes and it should be done only on infants who are stable and healthy.
7. Should be done at Delivery Room, usually at Delivery Room 3, using aseptic technique.

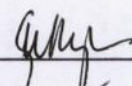
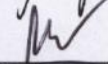
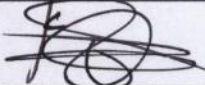

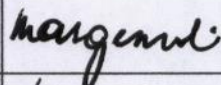
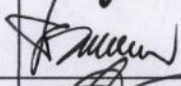



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Page Number:	3
Department/Section:	Delivery Room
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Page Number:	4
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EQUIPMENT NEEDED:

1. Y-shaped Wooden Frame called "Circumstraint" / CIR board
2. Gauze Balls soaked with Betadine Solution
3. Gauze sponge 4x4
4. Surgical Balde 20
5. CIR set with Gomco Clamp (1.1 or 1.3)
6. 3 arm straps
7. Small sterile scissors
8. Sterile Towel with hole
9. 2 Kelly clamps
10. Medication: Trimycin Ointment, Gel foam (stand by)

PROCEDURE:

1. Ward Nurse on duty obtains the pediatrician's order for circumcision then obtains consent from parents.
2. Ward Nurse on duty submits OR schedule form to delivery room. The delivery room staff notifies the obstetrician of the schedule. Obstetrician will then confirm the time of the procedure in which the delivery room staff informs the ward nurse.
3. Delivery Room staff prepares materials and instruments needed.
4. Ward nurse will endorse the baby with the chart personally to delivery room staff before the scheduled time
5. Delivery room staff correctly identifies the baby by checking the wristlet and checks the chart for the doctor's order and the consent signed by mother or father.
6. Delivery room staff maintains good lighting.
7. Delivery room staff restrains the baby to inhibit movement during the procedure by utilizing the Y - shaped wooden frame and 3 arm strap - 1 strap around the baby's torso and 1 strap each around the baby's lower extremities making sure it is not too tight nor too loose and ensuring good circulation.




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Page Number:	5
Department/Section:	Delivery Room
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8. Using sterile technique, the doctor dons sterile gloves. Using the clamp, the doctor prepares the skin of the penis and thighs with gauze soaked in betadine solution and drapes the area with sterile towel with eye hole over baby's genital area exposing the shaft of the penis.
9. The operation is normally performed using Gomco clamp which should be size appropriate for the baby's penis, either 1.1 or 1.3.
10. Delivery room staff assists the physician with the procedure. After a dorsal slit is made the foreskin is separated from the glans using a small kelly clamp. The bell portion of the clamp is then placed over the glans and the foreskin is pulled over the plate and yoke of the clamp. The clamp is then screwed tightly for at least 5 minutes onto the bell so that it holds the foreskin in place. The Gomco clamp compresses the foreskin between the metal clamp and the bell, allowing it to be cut and removed with minimal bleeding. After the foreskin is excised with surgical blade 20, the clamp and bell are removed. Trimycin ointment is applied to the circumcised site.
11. Physician and delivery room staff should observe for signs of bleeding.
12. Delivery room staff cleans the genital area then apply newborn diaper after which the baby should be unstrapped from the Y-boar and swaddled by a blanket.
13. Nurse on duty documents the procedure in the nurses' notes and obtains order for Trimycin ointment application from the Obstetrician or OB Resident on duty.
14. Delivery room staff endorses the baby back to ward nurse. The ward nurse should take the baby from DR personally.
15. Delivery room staff does aftercare and discards used supplies in the proper waste container.
16. Member of the health care team should observe universal precaution and perform hand washing before and after the procedure.
17. Nurse attendant or clerk encodes charges to the computer

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	Document Type:	Standard Operating Procedure
	Page Number:	6
	Department/Section:	Delivery Room
	Document Title:	ASSISTING IN CIRCUMCISION

Circumcision as Outpatient:

1. Baby should be accompanied by parents at the DR triage with written doctor's order.
2. Nurse on duty should obtain signed consent from parents.
3. Parents should admit baby as Outpatient for circumcision in the admitting section. Admission and Discharge From should be submitted to the nurse.
4. Delivery Room staff should inform obstetrician of the schedule.
5. Delivery room staff prepares materials and instruments.
6. Follow above Policy numbers 6-13.
7. Document time, date of the procedure and the baby's disposition after the procedure.
8. Nurse on duty returns baby to mother and gives discharge instructions on how to care for newborn after circumcision including medications.
9. Attendant or clerk encodes charges and bills patient then informs EDP.
10. Parents should settle bill in the billing section and secure clearance slips. A copy of Clearance slip should be attached to the chart, another copy should be submitted to the guard on duty upon discharge and the last copy to the parents.

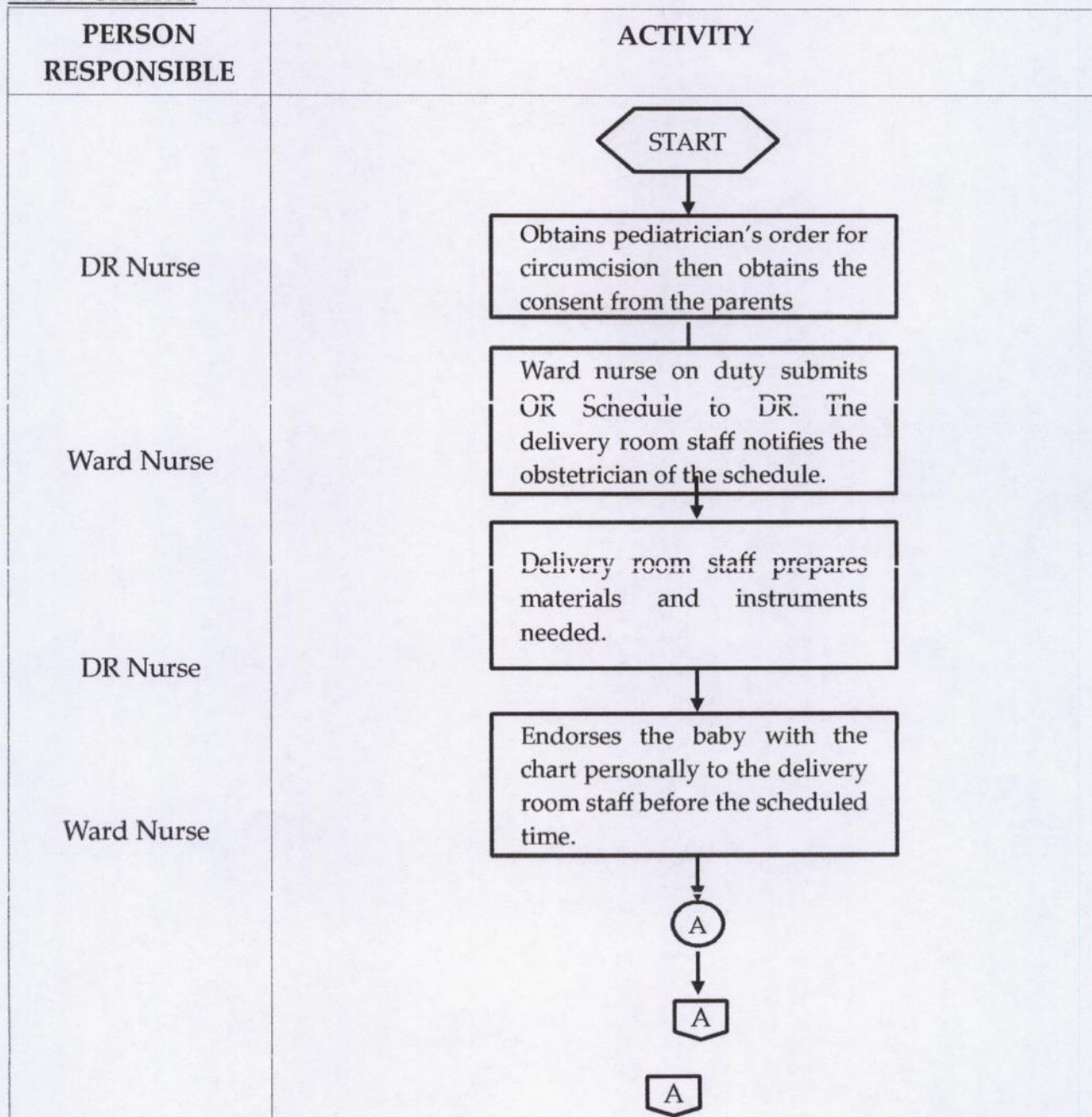


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Page Number:	7
Department/Section:	Delivery Room
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FLOWCHART:

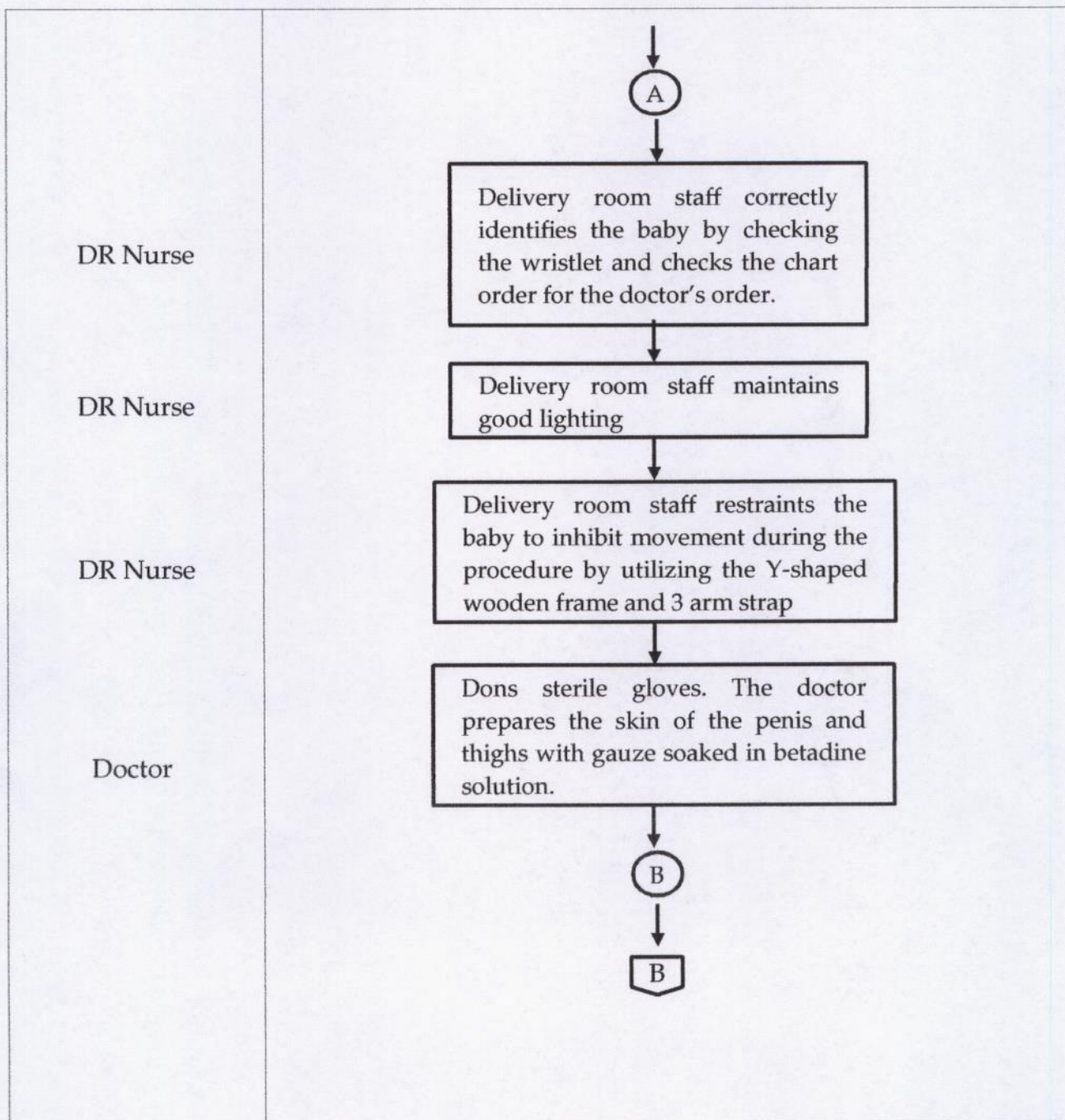




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Effective Date:	11-13-2020
Document Type:	Standard Operating Procedure
Page Number:	8
Department/Section:	Delivery Room
Document Title:	ASSISTING IN CIRCUMCISION

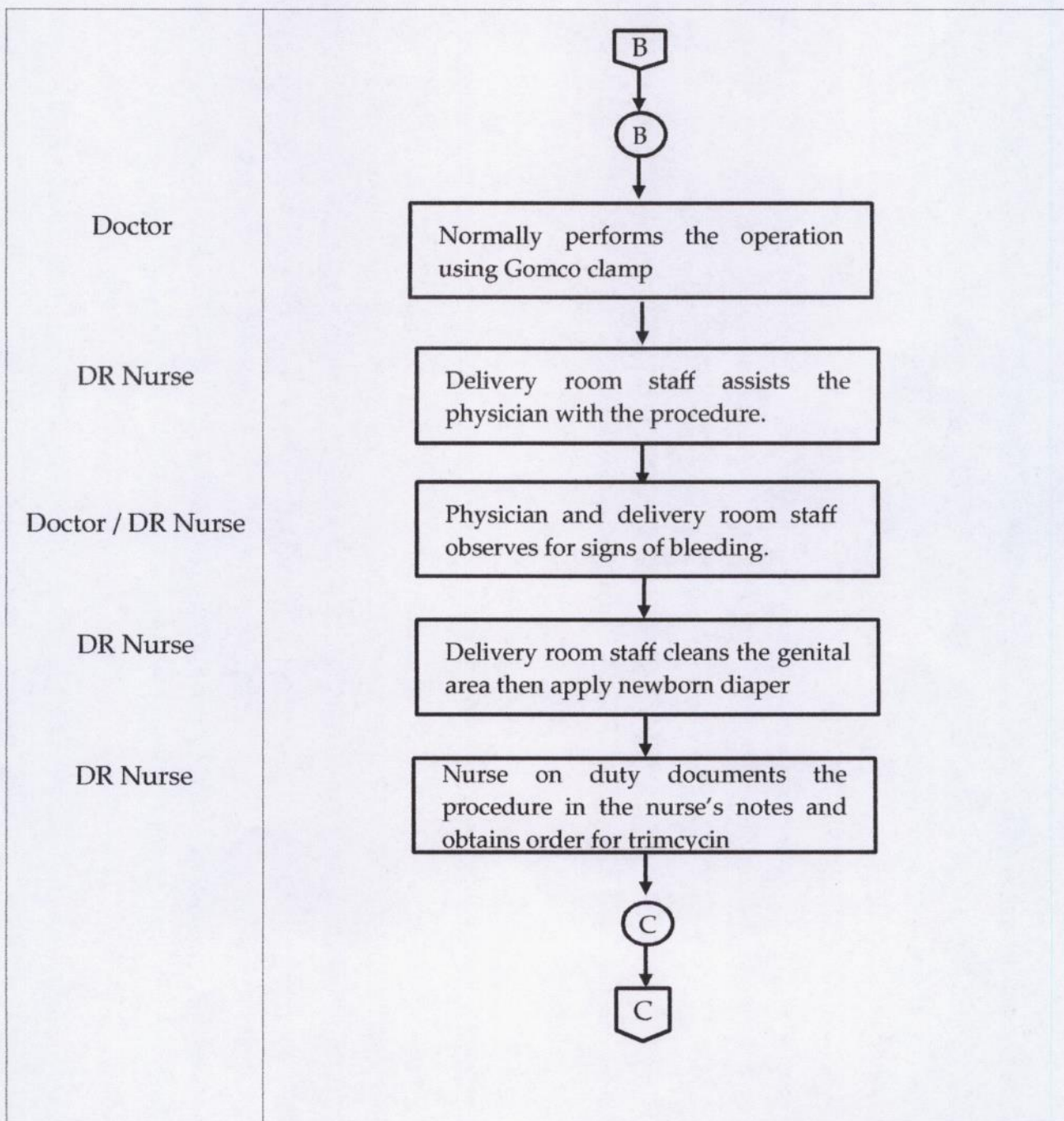




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Document Type:	Standard Operating Procedure
Page Number:	9
Department/Section:	Delivery Room
Document Title:	ASSISTING IN CIRCUMCISION

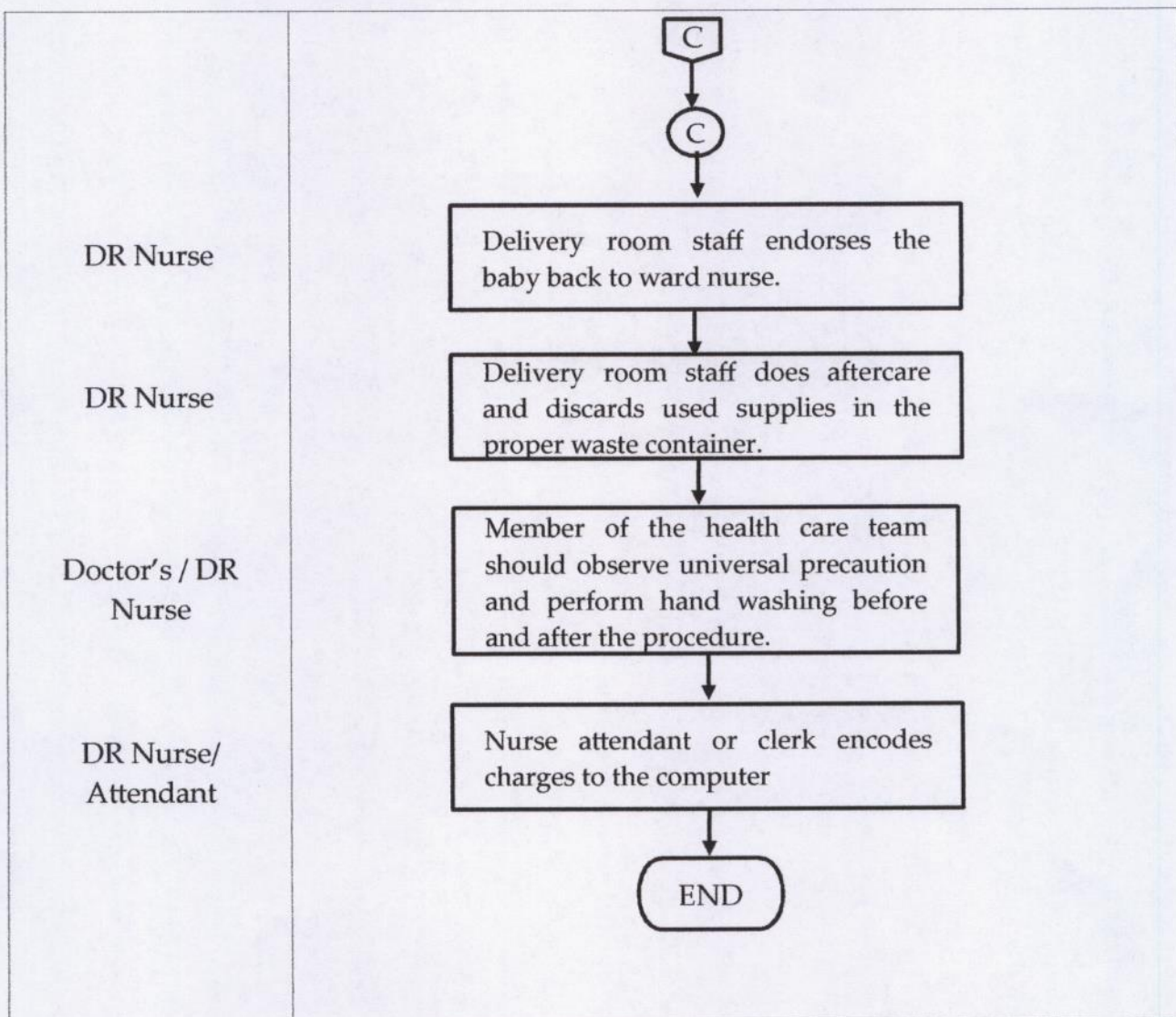




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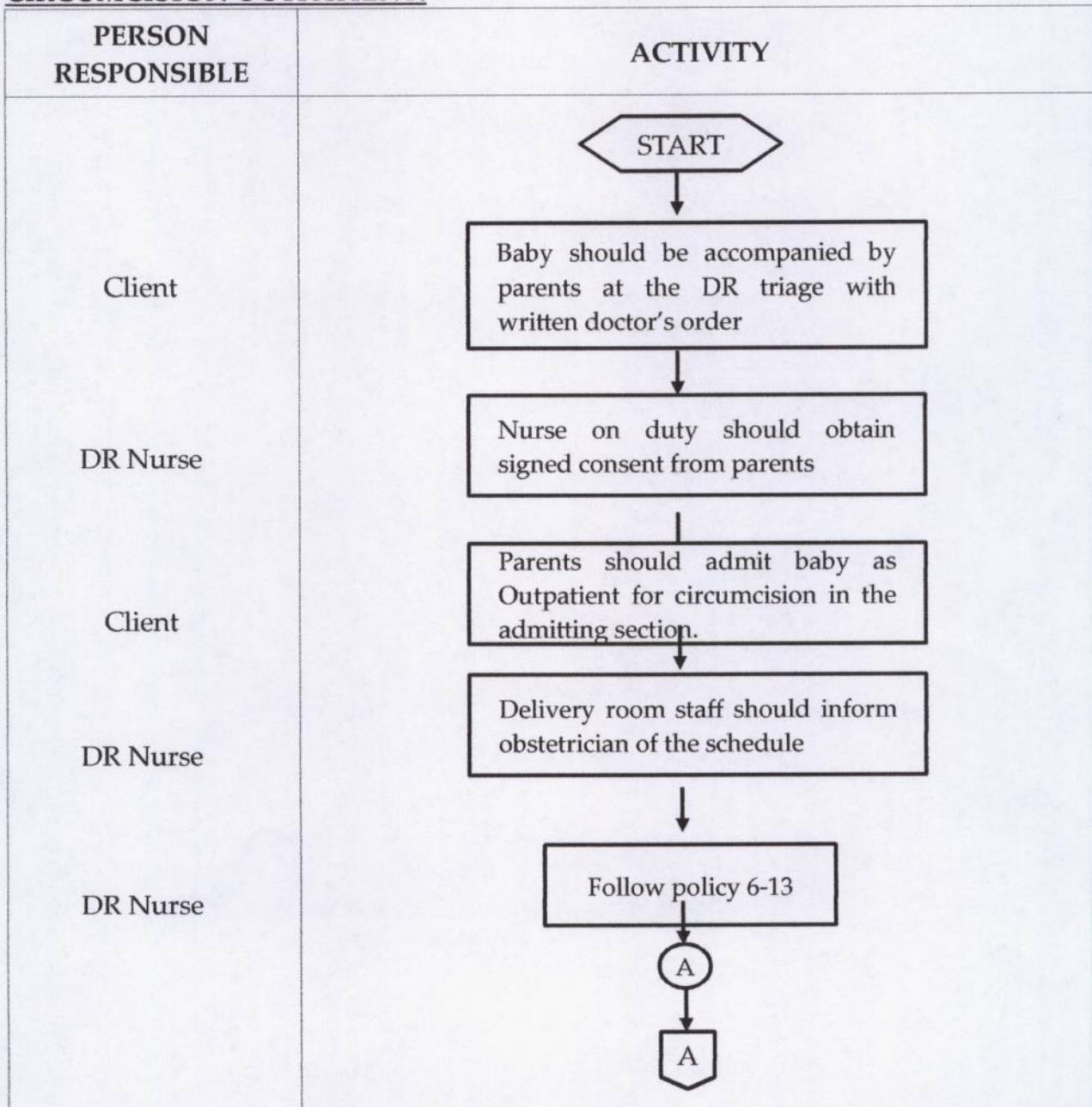


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CIRCUMCISION OUTPATIENT:





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Page Number:	12
Department/Section:	Delivery Room
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