

as follows:

- 1) The patient is referred to an individual surgeon and placed on his waiting list.
- 2) That child is then scheduled for operation on a day when it is known that a paediatric cardiac anaesthetist will be working. This schedule is published and is known to all the relevant parties.
- 3) When the nursing team sees the operating programme it plans the allocation of its members to particular operations, and a nurse who is experienced in the work for children will be allocated to this paediatric procedure.
- 4) Similarly an anaesthetic nurse who has experience with children will be allocated to assist the anaesthetist.
- 5) The perfusionists will similarly allocate one of their members to carry out this perfusion and one to assist them. The assistant may be either more junior or more senior than the person who is actually undertaking the perfusion.
- 6) The surgeon with his Senior Registrar or Registrar and Senior House Officer will operate.
- 7) The paediatric cardiac anaesthetist with his Senior Registrar or Registrar, will anaesthetise.

THE CO-ORDINATION OF THE OPERATING TEAM.

If we then turn to how the team is co-ordinated in the carrying out of its task I would again wish to stress that this is not a new experience on each operating day but is really a matter of treading pathways that are well established.

The following table attempts to describe the roles of the different groups who make up the