The experience of a general anaesthetic in a Paediatric setting

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**Introduction:** 60% of children suffer from anxiety in the pre-operative (pre-op) period, with the induction of anaesthesia being considered the most stressful moment. High pre-op anxiety can have negative effects, with an increased incidence of post-operative (post-op) pain complaints and emergence delirium leading to delayed discharge. Many strategies have been introduced to help reduce the anxiety a child may have prior and during the induction process, including: education of child and family, establishment of rapport, pre-medication, painless techniques and avoidance of parent and child separation. Many studies have shown that non-pharmacological methods can be more effective than pre-medication alone.

**Project location:** The royal children’s hospital (RCH) in Melbourne is a 334 bed hospital extending over 2,000 square meters in the heart of Melbourne and provides care to children from all over the world. The RCH was happy to open their new purpose built site in 2011. The new site provides more single rooms, operating theatres, family accommodation whilst being fun and child friendly.

The comfort kids programme (CKP) at RCH was initiated in 2007 with the aim of providing education, mentorship and training in non-pharmacological and pharmacological pain management. Focus is on optimal non-pharmacological methods such as: positioning for comfort, topical anaesthesia and sucrose, distraction, relaxation, breathing exercises, education, preparation and language.
**Aim:** To assess how effective the CKP has been in helping prepare children and parents for their surgery and the general anaesthetic experience.

**Method:** A survey tool was first used in 2011 to review and evaluate the anaesthetic induction process of children within the RCH. Many themes being covered included: pre-op information, pre-op anxiety, comfort measures and child restraint. The same survey will be used in 2013 and compared with the result in 2011.

**Results:**

- 175 parent and 35 adolescent surveys were completed in 2013 compared with 179 parent and 51 adolescent surveys in 2011.
- 78% in 2013 had had a previous anaesthetic compared with 65% in 2011.
- 75% of parents and 71% adolescents said they received pre-op information in 2013 however, 66% of parents and 50% adolescents said they would like to receive pre-op information.
- Families most commonly received information from anaesthetists (63%) and nurses (50%) in 2013, however only 28% of families said they received pre-op information from surgeons. Information was also received from the pre-op information pack (30%).
- Parents were often more anxious about anaesthesia than the child but the majority of families in 2013 were either “not worried” (34% for child and 27% for parents) or “a little worried” (34% for child and 44% for parents). There has been an improvement in this from 2011 to 2013.
- Anxiety of the child often increased in the lead up to the anaesthetic with the child often being most anxious in the waiting room; however anxiety improved when the child was in the anaesthetic room and at the start of the anaesthetic.
- A large variety of comfort measures were used during the general anaesthetic: cuddle by parent (49%), talking and reassurance (52%), flavour added (35%) and distraction (29%)
were the most commonly reported comfort measures. The anaesthetist being a comfort to the child fell from 53% in 2011 to 22% in 2013.

- 45% of children were held during the anaesthetic induction in 2013 however 60% were only held gently; often by the parents.
- Parents often described being present in the anaesthetic room as a positive experience and they were glad to be there. However, a large number of parents found it emotional/upsetting and were anxious and worried.

**Conclusion:** There are discrepancies between families saying they received pre-op information and that they would like to receive information. Indicating that pre-op information at RCH may not be being given at an appropriate time or format for the families. There is a positive increase in the number of families reporting not being worried prior to anaesthetic indicating a positive culture change in helping to manage pre-op anxiety. The fact that the child’s anxiety levels improve whilst in the anaesthetic room shows that the many anaesthetic comfort measures in place are effectively reducing anxiety. There are still a large number of children being held during the anaesthetic induction. This still needs to be improved, but it is difficult to interpret the context of the child being held. Many families are finding being present in the anaesthetic room upsetting and worrying therefore more education may need to be provided about watching the anaesthetic induction.