Providing Anaesthesia for the uncooperative child

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What we will be covering today

* Preoperative anxiety and management
* The role of Communication and psychological interventions
* Premedication what to use and when
* Role of the play therapist
* Case based discussion: autism

Pre-operative anxiety

What factors predict childhood anxiety and distress in the pre-operative period?

* Age of child
* Temperament of child
* Parental anxiety
* Previous hospital / theatre experiences
* Fear of separation
* Fear of painful procedures
* Fear of the operation/ anaesthesia
* Negative experiences with childhood vaccinations

Communication

Infants < 9 months old

* Often accept parental surrogates
* Less likely to experience separation anxiety.

They respond to soothing voices, gentle rocking, and being held.

One to 3 years

* Separation anxiety predominates
* Stormy induction – don't understand the proceedings

Parents present at induction and distraction with toys etc

Three to 6 years

* Start to have concerns Re: Surgery itself/pain/scars
* Take statements literally

Reassurance and simple explanations. Play therapist very useful at this stage

Seven to 12 years

* Require more explanation and participation; they need to feel in control!

Allow them to choose their anaesthetic facemask or being allowed to hold the mask during induction.

Adolescence

* Increased body awareness, independence, and need for privacy!
* Adolescents may have better coping strategies but are still concerned about pain, awareness, and losing control.
* Some are mature enough to cope with explanations, but others cannot, despite having an adult appearance.
* Involving this age group in the anaesthetic plan gives them a sense of control and reduces their anxiety.

Communication strategies?

* Speak in a quiet, reassuring voice and get down to the child's eye level
* Do not be condescending
* Do not give the impression that the child's feelings are irrelevant
* Do not laugh at the child unless you are sure they are being humorous
* Do not tease the child unless you know them
* Use age-appropriate language in discussing anaesthetic care with the child
* Avoid using terms that may cause alarm or increase anxiety

Psychological interventions

Parental presence at induction

- Aims to eliminate separation anxiety
- Parental presence can sometimes increase the child's anxiety, as anxious parents may project their own anxieties onto their child.

Pre-hospital programmes

* Tours of the hospital and theatre, videos, leaflets, and interactive books are used with the aim of reducing anxiety.

Play therapy

* Provided by trained play therapists using visual aids such as videos, interactive books, and dolls

Other interventions:

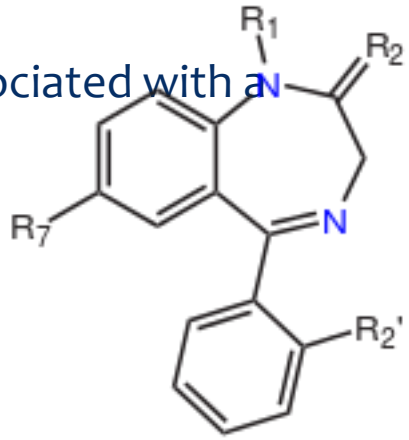
* Hypnosis, music, and lighting can be used to provide a calm and soothing environment for the child in the anaesthetic room.

Premedications

Benzodiazepines

Midazolam

- Most common used premed in UK
- PO 0.5 mg/kg
- Sedative effects within 5 – 10 min, peak effect 20–30 min and waning at 45 min.
- Thus, the timing of administration of midazolam is crucial.
- Oral midazolam is associated with a bitter taste



* Intranasal 0.2 mg kg

Rapid response, although the burning sensation produced is unpleasant.

* Sublingual 0.2 mg kg appears to be well tolerated and is effective within 10 min.
* IV 0.1–0.2 mg kg can be given

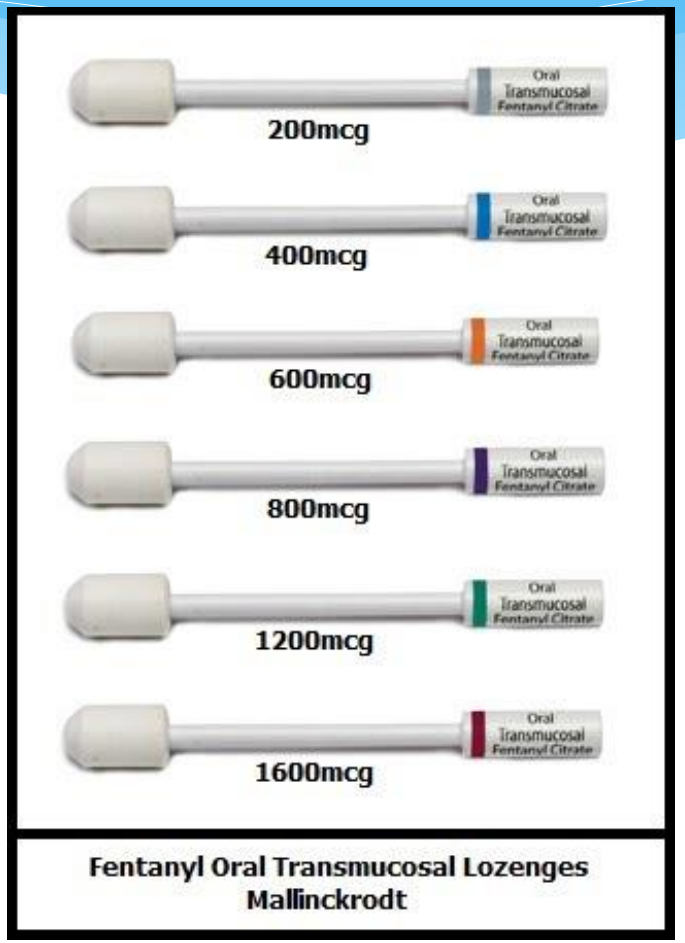
Premedications cont.

Fentanyl

As a pleasant tasting lollipop.

The bioavailability by this route is 33%

* 15–20 µg/kg produces sedation in 20 min and has a peak effect at 30–45 min
* Unwanted SE profile: vomiting/pruritus/resp depression



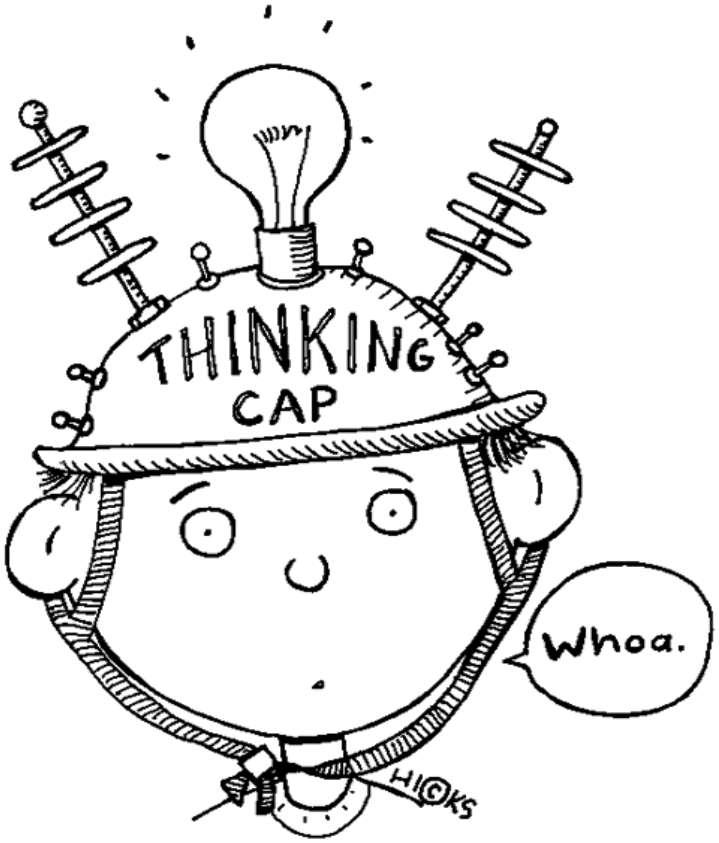
Fentanyl Oral Transmucosal Lozenges
Mallinckrodt

Premedication cont.

* **Clonidine**
* α2- agonist
* Rapidly absorbed after oral administration, with bioavaliability of 75-90%, and peak plasma conc at 60-90mins.
* Studies have shown that 4-5µg/kg produces the same degrees of sedation and anxiolysis as oral midazolam (0.5mg/kg)
* However- slower onset than midazolam
* Improves analgesic effects of NSAIDS.

Once meeting the child on the ward you may have a good insight to how the child may behave in the Anaesthetic room!

Think of ways that may help the situation. If you feel the child would benefit from a Play specialists input ask the ward staff to contact the team; making sure the Play specialist will also be present at the induction of anaesthetics to support the child, theatre staff and parent/carer.



Make sure all the staff are aware of plan **A**, plan **B** and on many occasions a plan **C** may be needed!!!

Case study

An eight year old boy with learning difficulties and autism arrives on the ward for a procedure on the elective community dental list.

How would you help the child have a positive experience in hospital?

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On entering the Anaesthetic room the boy became very distressed hiding in the corner crying and shouting. The mother responded by shouting at her son to sit on the bed and stop being silly; complaining that he needed to hurry up because they had to be home for his younger sister.

Questions?

Case based discussion

* Cerebral palsy child 5 yo for tonsilectomy?
* Child with autism?