

An Overview of Perioperative Care for Pediatric Patients



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ABSTRACT

Care of pediatric surgical patients is not limited to pediatric facilities, and all perioperative RNs should have a basic understanding of the specialized care that children require. This knowledge set includes an understanding of the basic terminology used to describe this patient population as well as the developmental stages of pediatric patients. Preoperatively, the nurse should conduct a thorough assessment and evaluation and address the anxieties and questions of the patient and his or her parent or guardian. Intraoperatively, the nurse should be prepared to help manage difficult intubation, laryngospasm during induction and extubation, difficult IV access, positioning, skin care, surgical site preparation, and thermoregulation. Postoperative care considerations include addressing airway differences, vital signs, pain assessment and management, fluid management, and preparation for discharge. Awareness of the anatomic and physiologic differences, developmental stages, and surgical needs of children will allow the perioperative RN to provide high-quality, safe care to the pediatric surgical patient. *AORN J* 104 (July 2016) 4-10. © AORN, Inc, 2016. <http://dx.doi.org/10.1016/j.aorn.2016.05.001>

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As of 2014, there are approximately 74.2 million children less than 18 years of age in the United States, accounting for 23.1% of the total US population.^{1,2} An estimated four million pediatric surgical procedures are performed in the United States each year.³ One report found that of the more than 200,000 inpatient pediatric surgical procedures performed in 2009, as many as 40% were performed at predominantly adult hospitals.³ At a minimum, this statistic indicates a need for all perioperative nurses to have a basic understanding of the care that children require and how it differs from care for an adult.

Children undergo a variety of surgical procedures that range from elective to emergent and life threatening. When caring for pediatric patients, the nurse must consider the patient's chronologic age and developmental level. Although there are many facilities devoted exclusively to the care of pediatric patients, all perioperative nurses should understand the needs of this patient population and adapt their approach to care as needed.

TERMINOLOGY

Pediatrics is the branch of medicine that pertains to providing medical care to infants, children, and adolescents, typically from birth through 18 years of age. Commonly used terms for discussing pediatric patients include *premature newborn, newborn, neonate, infant, toddler, early childhood, middle childhood, early adolescence, and late adolescence*. These terms are defined as

- premature newborn—born before 37 weeks gestation,
- newborn—younger than 72 hours,
- neonate—the first 28 days of life,
- infant—the neonatal period through 12 months of age,
- toddler—13 months up to 2 years,
- early childhood—2 to 5 years,
- middle childhood—6 to 11 years,
- early adolescence—12 to 18 years, and
- late adolescence—19 to 21 years.⁴

Children at each of these stages have different developmental goals and needs, and it is important for nurses caring for

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pediatric patients to understand these needs and take them into account when planning patient care.

DEVELOPMENTAL STAGES

A full discussion of child developmental stages is beyond the scope of this article; however, any nurse caring for pediatric patients can gain a basic understanding of these stages by familiarizing themselves with the work of theorists such as Erikson⁵ and Piaget.⁶ This understanding is important because providing developmentally appropriate care for children may decrease their anxiety in the perioperative setting and improve outcomes. Often, no matter the age of the child, having his or her primary caregivers present provides the greatest sense of comfort. The following points are important to understand when caring for each age group.

Premature Newborns

Depending on the gestational age and the premature newborn's condition, the normal comforting mechanisms used for other infants may be impossible because of the need for intubation and ventilation and the premature newborn's fragility. However, these patients benefit from close contact with their parent(s) or guardian(s), eye protection to shield them from bright lights, supportive bedding that allows them to use their own body movements and touch to calm themselves, and protection from loud noises.⁷

Newborns, Neonates, and Infants

It is important for the nurse to understand that during the perioperative period, the nurse becomes a parent surrogate to the patient. When caring for infants, holding, rocking, and swaddling may provide comfort, and the nurse should use a soothing voice and positive facial expressions. Quickly attending to the patient's needs—for example, keeping the patient warm, holding him or her, or changing diapers when needed—also reduces distress.⁸

Older Infants and Toddlers

Children in this age group often experience stranger anxiety. Allowing these children to bring a comfort item from home (also known as a *transitional object* because it helps the child self-soothe), take it with them to the OR, and have it present on awakening can provide security in an unfamiliar environment filled with unfamiliar people.⁸ Reuniting these patients with their parent(s) or guardian(s) as soon as feasible also will enhance their experience.

Early Childhood

Children who are two to five years of age are beginning to seek independence. The nurse should be aware of this need and, when possible, include the patient in the plan of care by allowing them to choose between two acceptable choices (eg, asking the child “Would you like to take your blanket with you or leave it with your mother?”) in care delivery.⁸

Middle Childhood

Children who are 6 to 12 years of age strive for approval and should be complimented on accomplishments made during the perioperative process (eg, being cooperative during anesthesia induction, verbalizing their needs). They should be included in care decisions whenever possible because this inclusion allows them to maintain a level of control.⁸

Early to Late Adolescence

Privacy is very important to patients who are between 12 and 21 years of age, and every effort should be made to prevent exposing their bodies. Because of the loss of privacy, control, autonomy, and competence that the perioperative experience may cause for these patients, caregivers should allow them to be as involved in their care and decision making as possible.⁸ It is important to remember that at the age of 18 years, adolescents are legally considered to be adults capable of making their own decisions. Unless the patient is developmentally delayed or has a court-appointed guardian, the nurse should ask the patient if he or she wants parents or others present during the preoperative assessment and direct all questions and information to the patient.

PREOPERATIVE CARE

Safe perioperative care of the pediatric patient begins with thorough preoperative preparation of both the child and his or her parent(s) or guardian(s). The preoperative assessment on the day of surgery sets the tone for the patient's perioperative experience. It is important that the pediatric patient's visit begins with obtaining an accurate weight, because medication administration is weight based. The preoperative evaluation also should include a review of the patient's chart; current and past medical history; all allergies to food, medications, or latex; fasting status; a current medication list; and the results of any laboratory tests.⁹ The nurse should perform a complete physical assessment, paying special attention to skin integrity and noting any areas of breakdown.⁹ Children who are nutritionally compromised and nonambulatory may be at higher risk for skin breakdown even during short procedures and may require additional positioning precautions. Patient assessment includes obtaining a baseline set of vital signs,

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