

Advocating for the Pediatric Patient

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KEYWORDS

• Advocacy • Pediatric patient care • Patient rights

KEY POINTS

- Pediatric surgical patients represent a small percentage of the surgical patient population, and perioperative nurses try to be sensitive to their unique needs.
- Pediatric surgery spans a variety of specialties.
- Nurses often face challenges caring for pediatric surgical patients within a tertiary hospital, but try to address those obstacles as creatively as possible.

INTRODUCTION

The author works in the Hospital Universitario de Canarias (HUC), a public, tertiary care, 761-bed university hospital in Tenerife, Canary Islands, Spain. The hospital serves a population of nearly 500,000 and is a referral hospital for the Canary Islands for all specialties. It is the only referral center for renopancreatic transplants from living donors, and has recently been designated a reference center of the National Health Service for pancreas transplants.

Although the hospital has dedicated resources for children including a pediatric admission area, a pediatric unit, a pediatric outpatient unit with 17 rooms with a waiting room specifically designed for children, four treatment rooms, and a pediatric intensive care unit with specialized care for premature infants, there is no dedicated area for children in the surgical suite.

Pediatric surgical patients represent a small percentage of the surgical patient population, and the perioperative nurses try to be sensitive to the unique needs of pediatric patients while working within hospital protocols. Children and adults share the same preanesthesia area, attire, and recovery area. Pediatric surgery spans a variety of specialties and there are no dedicated pediatric operating rooms. This arrangement scatters the resources for pediatric patients throughout the surgical suite and makes preparing for a pediatric case somewhat of a challenge. There are also no perioperative

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nurses dedicated to the care of pediatric patients. The nurses at HUC address these obstacles as creatively as they can.

Preparation for this article included an extensive literature search including the United Nations "Convention on the Rights of the Child," (CRC) which provides a comprehensive framework of rights that facilitates a holistic approach to promote the well-being of children. Documents from the World Health Organization, UNICEF, and the European Union also speak to the specialized care to which patients under 19 are entitled. This article presents the author's recommendations to perioperative managers and caregivers for overcoming the barriers to sensitive and appropriate care of pediatric patients in an adult environment.

WHAT BARRIERS DO WE FACE?

Surgical suite design

HUC lacks a suitable area to welcome children to the operating room. This increases anxiety for children and parents. Children coming to surgery from the pediatric unit leave an area with bright-colored walls, nurses in cheerful uniforms, familiar toys, familiar faces, and the privilege of having their parents at the bedside. Before entering the surgical suite, they are taken from their parents to a room that is cold and clinical with unfamiliar smells, the atmosphere is efficient and serious, and there are adult patients in varying degrees of distress. Everything is strange and frightening. Even if the parents are able to accompany the child to the preanesthesia area, their reaction to the environment is as uncomfortable as their children's.

Psychological preparation for children and parents

Numerous studies speak of the importance of preparation of parents and children for a surgical procedure. Healthcare facilities are encouraged to develop tools to address the specific needs of the pediatric population. In reality, many pediatric patients and their parents arrive for surgery unprepared, stressed, and underinformed. In some cases, the child has not been told why he or she is there and has had no preparation for what is going to happen. In these cases, preparation of the child was left to the parents who did not know how to approach the teaching. The unprepared child is distressed and the parent feels guilt and the normal stress that accompanies a surgical experience.

Pediatric materiel

Pediatric materiel resources are limited in our 14-room operating suite, which serves primarily adult patients. Pediatric supplies are not plentiful, and some are actually scarce. We have two carts with supplies for pediatric anesthesia that are expected to meet our needs. One cart is taken into the room for a pediatric procedure. That becomes a problem if there are more than two pediatric patients. Even when a cart is in the room, a specific item needed may not be available. For instance, the laryngoscopy blades on the cart may be too large and too small, and the desired size is missing. Other items often in short supply are 1-L reservoir bag for ventilating by hand during induction and the right size blood pressure cuff. Pediatric patients vary widely in size and the range of cuffs needed to meet the needs of every patient is quite extensive. This scarcity of supplies results in somewhat of a struggle among the nurses who each want to have everything needed for the pediatric patient in his or her room. The search for appropriate materiel can prolong preparation time, which impacts the flow of the operating room schedule.

Personnel

Pediatric patients are not just small adults. In addition to managing the emotional trauma of a surgical experience, the perioperative nurses must address their unique

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