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ORIGINAL ARTICLE

Transcultural adaptation into Spanish of the Induction Compliance Checklist for assessing children's behaviour during induction of anaesthesia*

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KEYWORDS

Nursing assessment; Nurse anaesthetists; Cross-cultural adaptation; Child behaviour; Anaesthesia; Operating room

Abstract

Objective: Cross-cultural adaptation into Spanish of the Induction Compliance Checklist (ICC) for assessing children's behaviour during induction of anaesthesia.

Method: A descriptive cross-sectional observational study was conducted on a sample of 81 children aged 2 to 12 years operated in an ambulatory surgery unit of a paediatric hospital in Barcelona. Adaptation by translation-back translation of the tool and analysis of the scale's validity and reliability.

Results: Face validity of the tool was guaranteed through a discussion group and inter-observer reliability was evaluated, obtaining an intraclass correlation index of r = 0.956.

Conclusions: The ICC scale validated for the Spanish population can be an effective tool for the presurgical evaluation of activities carried out to minimise children's anxiety. The ICC is an easy-to-use scale completed by operating room staff in one minute and would provide important information about children's behaviour, specifically during induction.

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PALABRAS CLAVE

Evaluación en enfermería; Enfermeras anestesistas; Adaptación transcultural; Conducta infantil; Anestesia; Ouirófano Adaptación transcultural de la escala *Induction Compliance Checklist* para la evaluación del comportamiento del niño durante la inducción de la anestesia

Resumer

Objetivo: Adaptar al español la escala de evaluación del comportamiento del niño durante la inducción anestésica *Induction Compliance Checklist* (ICC).

Método: Estudio observacional de validación realizado a una muestra de 81 niños de 2 a 12 años operados en una Unidad de Cirugía Ambulatoria de un hospital pediátrico de Barcelona. Adaptación por el método de traducción-retrotraducción de la herramienta y análisis de validez y fiabilidad de la escala.

Resultados: Se garantizó la validez aparente de la herramienta mediante un grupo de discusión y se evaluó la fiabilidad interobservadores; el índice de correlación intraclase obtenido fue de r = 0.956.

Conclusiones: La escala ICC validada para la población española puede ser una herramienta eficaz para la evaluación de las actividades prequirúrgicas que se realizan para minimizar la ansiedad de los niños. La ICC es una escala fácil de usar y de completar por el personal de quirófano y que aportaría gran información en cuanto al comportamiento del niño durante la inducción anestésica.

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What is known

The induction of anaesthesia is the most stressful preoperative moment, and assessing the behaviour of the child during this period is essential, not only for assessing the efficacy of interventions made preoperatively to minimise surgical stress, but also to predict the postoperative period in accordance with how the child has coped with the induction of anaesthesia.

The Induction Compliance Checklist (ICC) is an observational tool consisting of 11 items which surgical staff complete in less than one minute and which provides information on the child's behaviour during the induction of anaesthesia, and the anxiety presented at that time.

What does this article contribute?

The use of this tool may contribute to an improvement in the study and in the daily practice of paediatric preoperative anxiety. The ICC provides an advance in the study of anxiety of the child who is to be operated on, and may also be used to assess the pre-surgical activities which the perioperative nurses do to lessen that anxiety. The ICC version which has been adapted into Spanish has proven to be a valid and reliable tool for using within our context.

Introduction

The induction of the anaesthesia for the child who is to be operated on is the most stressful time throughout

the total perioperative period. To lessen the child's anxiety and improve their well-being and that of their family during the surgical procedure both pharmacological and nonpharmacological strategies are used, which include: the administration of anxiolytics, the parents' presence when anaesthesia is induced, distraction with clowns, music therapy or information about the operation adapted to the child's age.²⁻⁵ The aim of these preoperative strategies is not just to minimise the emotional impact of the child during the induction of anaesthesia, but also to minimise the emotional impact of the whole surgical procedure as it has been proven that high presurgical anxiety may increase the risk of waking up from the anaesthesia with postsurgical delirium and agitation, increase postoperative pain or cause longterm behavioural changes in the child such as night time fears, enuresis or phobia of healthcare professionals.6

To reduce preoperative anxiety in children, the nurses need not only to know how to handle this anxiety, identify and apply the most appropriate strategies adapted to their age, but also to assess whether these strategies used have been effective to reduce it and, if they have succeeded in making the child more compliant for putting a mask over their face during the induction of the anaesthesia.

In Spain, there are few studies on preoperative paediatric anxiety and we only found one study which uses the assessment of the child's behaviour during the induction of anaesthesia to assess a preoperative strategy: the entry of the parents into the operating theatre. The scale used in this study contained 3 categories and was classified according to the quality of the anaesthesia depending on the behaviour the child demonstrated during the application of the face mask.⁸

A current review of the scale used for assessment of the child's behaviour during the induction of the anaesthesia⁹ confirmed that one of the tools used in the assessment studies of preoperative strategies is the *Induction Compliance Checklist* (ICC) by Kain et al. ¹⁰ Originally in English, this scale comprises 11 items and numbers the different behaviours

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