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Owner:	*Sylvia Bartlett: Mgr RN Asc KC*
Policy Area:	*KASC*
References:	
Applicability:	*WA - Kadlec Regional Medical Center*

KASC Care of Pediatric Patient

I. **Policy Statement**

A. The ASC will provide a consistent process that promotes safe and effective care for pediatric patients undergoing procedures.

II. **Definitions**

A. **Pediatric patient** is defined as a child under the age of 18 and above the age of 3.

III. **Procedure**

A. Perioperative nurses will be trained to recognize the uniqueness of age-related pathophysiologic and anatomical differences found with the pediatric patient.

B. All Per-anesthesia nurses in the Pre/PACU area are trained and certified in ACLS and PALS.

C. Private rooms will be provided, if available, for recovering pediatric patients, thus allowing families to remain at the bedside.

D. Special equipment needed for pediatric patients, to include emergency supplies and medications, will be stocked and available at all times.

E. Supplies designated for pediatric patients will be readily available.

F. Medications used routinely for pediatric patients will be stocked in pediatric doses, when available.

IV. **Criteria**

A. The following pediatric patients are **NOT** candidates for an anesthetic without approval by the Anesthesiologist.

1. All patients ASA II or above.
2. Patients with a history of difficult airway management.
3. Morbidly obese patients (>35 BMI).
4. Patients born < 6 months of age gestational.
5. Patients with heart conditions.
6. Patients who are insulin dependent and not well controlled or "Brittle" diabetics.
7. Tonsillectomies or Tonsillectomies and Adenoidectomies < 3 years of age or < 14kgs/30bls.
8. Adenoidectomies < 2 years of age or < 12kgs/26lbs.

B. Patient who are insulin dependent and well controlled, may be approved to have surgery.

V. **Prescreening**

A. All pediatric patients will have a pediatric prescreening, by an RN, before surgery.

B. The RN will determine, with the assistance of the parent/guardian, if the patient has any individual needs that warrant special consideration (needle phobia/sensitivity to noise).

C. All non-English patients and parents/guardians will be provided interpreter services.

D. The RN will obtain the following information, to include but not limited to, the following:

1. The medical history;
2. history of prematurity;
3. history of respiratory problems;
4. allergies, sensitivities, and immunization status;
5. current medications, including herbals, over-the-counter, and supplements; and
6. emotional wellbeing, i.e., past experience with physicians and hospitals.

E. All information gathered will be documented in the chart.

F. All concerns will be brought to the attention of the child's physician and the anesthesiologist.

VI. **Nothing By Mouth**

A. All patients NPO status will be evaluated.

B. Physicians and Anesthesia will be notified if patient has ingested food/drink outside of the below parameters.

Ingested Material up to 18 months	**Minimum Fasting Period**
Clear Liquids Water, pulp-free juice, carbonated beverages.	2 hours
Non-clear liquids Jello	4 hours
Brest Milk	4 hours
Non-Human milk, infant formula	6 hours
Ingested Material greater than 18 months	**Minimum Fasting Period**
Light meal Dry toast, crackers	6 hours
Clear liquids	3 hours

VII. **Vital Signs**

A. All pediatric patients will have the following vital signs taken and recorded in the patient's record:

1. Temperature;
2. Weight;
3. Heart rate;
4. Respirations; and
5. Blood pressure if â‰¥ 6 years of age.

6. Normal Values

Heart Rate	
Age	**Rate Range per Minute**
1-3 years of age	98-163 bpm
3-5 years of age	65-132 bpm
5-8 years of age	70-115 bpm
8-12 years of age	55-107 bpm
12-16 years of age	55-102 bpm
Respiratory Rates	
2 years of age	24-32 rpm
6 years of age	22-28 rpm
10 years of age	20-26 rpm
12 years of age	18-24 rpm
Blood Pressure	
6 years of age	90/60 mmHg
7 years of age	92-62 mmHg
8 years of age	95/62 mmHg
9 years of age	98/64 mmHg
10 years of age	100/65 mmHg
11 years of age	110/60 mmHg
12 years of age	114/60 mmHg
13 years of age	116/60 mmHg

I. **Pain Management**

A. **Definition**

1. **Non-pharmacologic strategies:** consist of music therapy, play therapy, distraction techniques, physical therapy and comfort measures such as pacifiers, blankets and special toys.

B. Pain will be assessed using the Wong-Baker FACES pain rating scale for children as young as 3 years of age of the Numeric Scale for children as young as 5 years of age.

C. For children who are unable to use the Wong Baker FACES or the Numeric Scale the Riley Pain Scale will be used.

D. Scales

Riley Scale

Behavior	Scoring			
	0	1	2	3
Facial	Neutral expression or smiling	Frowning or grimacing	Clenched teeth	Full-cry expression
Body Movement	Calm, relaxed	Restless or fidgeting	Moderate agitation or moderate mobility	Thrashing, flailing, incessant agitation or strong voluntary immobility
Sleep	Sleeping quietly with easy respiration	Restless while asleep	Intermittent sleeping (sleep/awake)	Unable to sleep or sleeping for prolonged periods of time interrupted by jerky movements
Verbal/vocal	No cry	Whimpering, complaining	Pain-associated crying	Screaming, high-pitched cry
Consolability	Neutral	Easy to console	Not easy to console	Inconsolable
Response to Movement/Touch	Moves easily	Winces when touched or moved	Cries out when moved or touched	High-pitched cry or scream when touched or moved

E. The pain scale selected for use is based on the child's age, ability, and preferences.

F. The child and their parent/guardian should be actively involved in the assessment and management of post-operative pain so the nurse is familiar with words and actions the child uses when hurting.

G. Documentation of pain management intervention with the patient's response will be noted in the patient's medical record.

H. The nurse will provide instruction regarding rating pain with the child and the parent/guardian prior to surgery.

I. The patient and parent/guardian will receive information on how to manage pain at home.

J. The patient will be evaluated for level of pain before surgery, during the postoperative period, and each new report of pain.

K. Pharmacological interventions related to pain management will be implemented according to physician's orders.

L. Non-pharmacological methods of pain relief will be provided as indicated.

II. **Discharge**

A. A post-operative child may be discharged from Phase 1 to Phase 2 when an Aldrete score of 6 with no zeroes, is met.

B. Aldrete Scoring

Parameters	Description of the patient	Score
Activity level	Moves all extremities voluntarily/on command	2
	Moves 2 extremities	1
	Cannot move extremities	0
Respiration	Breathes deeply and coughs freely	2
	Is dyspneic, with shallow, limited breathing	1
	Is apneic	0
Circulation (blood pressure)	Is 20 mmHg > preanesthetic level	2
	Is 20 to 50 mmHg > preanesthetic level	1
	Is 50 mmHg > preanesthetic level	0
Consciousness	Is fully awake	2
	Is arousable on calling	1
	Is not responding	0
Oxygen saturation as determined by pulse oximetry	Has level > 90% when breathing room air	2
	Requires supplemental oxygen to maintain level > 90%	1
	Has level < 90% with oxygen supplementation	0

C. Patient may be discharged when the following criteria is met:

1. A written discharge order from the physician.
2. 8/10 Aldrete score, unless a specific order is written by the physician after review of patients condition.
3. Patient has remained in the post anesthesia care unit (PACU) for a minimum of 15 minutes of observation, unless otherwise ordered by the attending anesthesiologist or surgeon.
4. The patient has been monitored a minimum of 15 minutes following the last dose of a narcotic.
    i. The patient who received a reversal agent (Narcan) will be monitored a minimum of 1 hour or until discharged by the anesthesiologist.
5. Vital signs are stable and consistent with patient's age and close the patient's normal range/pre-operative levels.
6. No new signs or symptoms develop post-operatively that may threaten a safe recovery.
7. Bleeding is under control.
8. The patient is able to dangle, stand, and walk with minimal dizziness (given they were able to walk before surgery).
9. Good circulation to affected area.
10. No evidence of excessive swelling or impaired circulation in an extremity when a cast/splint has been applied.
11. Pain adequately controlled.
12. All wound drains or catheters are patent.
13. Score of 12 or greater on the Post Anesthesia Discharge Scoring System, unless ordered otherwise per physician/anesthesia.

	Score
I. Level of consciousness	
Awake and oriented	2
Arousable with minimal stimulation	1
Responsive only to tactile stimulation	0
II. Physical activity	
Able to move all extremities on command	2
Some weakness in movement of extremities	1
Unable to voluntarily move extremities	0
III. Haemodynamic stability	
Blood pressure <15% below baseline MAP value	2
Blood pressure within 15–30% of baseline MAP value	1
Blood pressure >30% below baseline MAP value	0
IV. Respiratory stability	
Able to breathe deeply	2
Tachypnoea with good cough	1
Dyspnoeic with weak cough	0
V. Oxygen satuation	
Maintains value >90% on room air	2
Requires supplementary oxygen (nasal prongs)	1
Saturation <90% with supplementary oxygen	0
VI. Postoperative pain assessment	
None or mild discomfort	2
Moderate to severe pain controlled with i.v. analgesics	1
Persistent severe pain	0
VII. Postoperative emetic symptoms	
None or mild nausea with no active vomiting	2
Transient vomiting or retching	1
Persistent moderate-severe nausea and vomiting	0
Total score	

14. Transportation by a designated responsible adult is confirmed and readily available.
15. Discharge instructions will be given to:
    i. Notify their surgeon if they are unable to void within 6-12 hours after discharge;
    ii. Notify their surgeon of any unusual or untoward complications or adverse reactions; and
    iii. Specific discharge instructions pertaining to their surgery will be provided verbally and written to the patient and parent/guardian.
    iv. IN ALL CASES, THE BEST JUDGEMENT OF THE NURSING STAFF WILL BE USED IN CONJUNCTION WITH THE DISCHARGE ORDERS OF THE ATTENDING PHYSICIAN AND/OR ANESTHESILOGIST.

I. **Implementation and Training Plan**

A. Each department manager will ensure that employees are notified of new and revised policies that are pertinent to their position.

B. Employees will be shown how to access policies during the orientation process.

C. New and updated policies will be posted for review.

II. **Reference Section**

A. References: Care of Pediatric Patients

B. Prepared/Updated by: Tammy Barnes, RN, Quality Assurance & Risk Manager

C. Reviewed by: ASC Governing Board; QAPI Committee; Policy, Procedure and Forms Committee.

Attachments

No Attachments

Approval Signatures

Approver	Date
Rose Bartlett: Cath Lab Manager	03/2019
Michele Dillman: Registered Nurse, Per Diem	03/2019

Applicability

WA - Kadlec Regional Medical Center