Pediatric “P.O.I.N.T.S.” to Ponder

Allan Joseph V. Cresencia, MSN, CPN, RN
Children’s Hospital Los Angeles
PACU
Thank you!!

* PANAC
* ASPAN’s SPG - Pediatrics
* ICPAN
* ASPAN
* CHLA
Financial Gains, Disclosure and Conflict of Interest for this Lecture

Nada!! None!!
1. Identify and discuss the most common complications related to anesthesia with the pediatric population.

2. List and discuss common and/or basic pediatric surgeries in a general (adult) surgical setting.

3. Discuss key nursing care management when dealing with pediatric surgical patient
“P” is for PLAY

- Onlooker play
- Solitary play
- Parallel play
- Associative play
- Cooperative play
Onlooker Play
Solitary Play
Parallel Play
Associative Play
Cooperative Play
“P” is for PLAY

* Play box
* Crayons & coloring book
* Child Life Specialist (if available)
* Favorite toy from home
Play box
Crayons & Coloring Books
Child Life Specialist
“O” is for OBSTRUCTION

- Stridor - sound
- Croup - LTB
- Laryngospasm
  - muscle
- Bronchospasm
  - Trachea/Bronchi
- Aspiration
  - Pneumonia
“O” is for OBSTRUCTION

* Tips & Techniques
  * Non-invasive & invasive
    * Positioning
    * Airways (Oral & Nasal)
  * Non-pharmacological
    * Jaw thrust (head tilt)
  * Pharmacological
    * Paralytics
  * Surgical (if necessary)
    * Tracheostomy
“I” is for INTUBATION

- Role of nurse before, during and after
  - Basics of tracheal intubation
    - Comfort, frequency, similarity & differences
  - Endotracheal tube versus Laryngeal mask
    - Preference by anesthesia team
  - Combo tube and newer versions
    - Benefits versus risks
  - Extubation (in OR versus PACU)
    - Some Children’s hospital do so at PACU
“I” is for INTUBATION

- Resources if not comfy with PEDS client
  - “Seasoned” adult nurses with pediatric experience
  - Textbooks in pediatric nursing care
  - Textbooks in pediatric anesthesia care
  - Handouts, booklets, manuals in pediatric anesthesia care
  - Colleagues at nearest Children’s Hospital
  - and of course – Conferences!!
“N” is for NEUROLOGICAL STATUS

- Neurological status – normal versus abnormal
- Pediatric vital signs
- Pain assessment versus irritability
- Aldrete (PARS & PARSAP) Score
- ASA Classification
Neurological Status

- What is normal versus abnormal?
- Was midazolam involved pre-op?
- Is this the “normal” behavior?
- Could it be the side effect of?
- Is that the baseline?
Pediatric Vital Signs

- Temperature
- Pulse
- Respirations
- Blood Pressure
- Pulse Oximetry
- Pain Assessment
  - FLACC
  - FACES
  - NCCPC-PV
Pain Assessment vs Irritability

- Is it real surgical pain?
- Could it be a side effect of anesthesia gasses?
- Is this just plain irritability?
- Could it be “emergence delirium?”
- “Patient went to sleep like that!!!”
Aldrete (PARS & PARSAP) Score

- PARS – Post Anesthetic Recovery Score: Aldrete scoring system
- PARSAP – Post Anesthetic Recovery Score for Ambulatory Patients: Modified Aldrete scoring system
- In PEDS, modified even more!!!
ASA Classification

- ASA 1 – a normal healthy patient
- ASA 2 – a pt with mild systemic disease
- ASA 3 – a pt with severe systemic disease
- ASA 4 – a pt with severe systemic disease that is a constant threat to life
- ASA 5 – a pt who is not expected to survive without the operation
- ASA 6 – a brain dead pt whose organs are being removed for donor purposes
“N” is for NEUROLOGICAL STATUS

- Ready for discharge? Where to?
  - Home
  - Floor
- Protocols versus Policies & Procedures
  - Practice versus safety
- Anesthesiologist versus Surgeon
  - Who’s signing out of PACU?
- “Who’s going to write admission orders?”
“T” is for Types of Surgery

- General Surgery
  - Appendectomy
  - Cholecystectomy
- Orthopedic Surgery
  - Fractures & Casts (CRPP-elbow, hips); SCFE
  - Scopes
- ENT
  - T & A
  - PET
“T” is for Types of Surgery

- Respiratory
  - L & B
  - Biopsy
- Cardiac
  - PDA
  - Cardiac cath. & biopsy
- GI
  - Pyloromyotomy
  - Ph probe
“T” is for Types of Surgery

* GU
  * Orchiopexy
  * Hydrocelectomy
* Integumentary
  * Nevus
  * Tissue expanders
* Reconstructive
  * Rhinoplasty
“T” is for Types of Surgery

- Reconstructive (continuation)
  - Cleft lip
  - Scar revision
  - Burn revision
  - Skin tag and/or cyst
  - In-grown toe-nail
- Special Cases
  - Autism Spectrum Disorder
  - Syndromes
  - Dental patients
“T” is also for Temperament & Timing

- The easy child
- The difficult child
- The slow-to-warm-up child
- The “degree of fit” concept
“S” is for Skills in Nursing

- Assessment Skills
  - Adult versus pediatric anatomy (airway!!)
    - Significant – straw shape versus inverted cone shape
  - Equipment
    - Do you have PEDS specific sizes?
  - Family centered care
    - How do you view family?
  - Separation & Separation anxiety
    - Some are delayed and some are prolonged
  - Education & Discharge Instructions
    - Who’s really listening to you?
Commonly used meds in PEDS PACU

- Acetaminophen (10-15 mg/kg) versus Ibuprofen
- Morphine (0.05 – 0.1 mg/kg) versus Meperidine (versus Fentanyl) & Dilaudid (0.015 mg/kg)
- Ondansetron (1-4 mg) versus Metoclopramide
- Atropine versus Lidocaine (anesthesia induction)
- Decadron versus Solu-medrol (anti-inflammatory)
“S” is for Socialization

* Key points & Care management
  * “HHH & D” (Hugs, hugs, hugs & DRUGS!!)
  * “3-M’s” (Mommy, milk and MORPHINE)
  * Pain control versus Parental control
    * “Is pain being caused by the parents?”
  * Trust from patient versus parent – Establish this!!
  * “Can I really take care of pediatric patients?”
  * “Should I start taking care of pediatric patients?”
References


Any QUESTIONS??

- acresencia@chla.usc.edu
- allancresencia@gmail.com
- allancresencia@g.ucla.edu