POSITION STATEMENT 6
American Society of PeriAnesthesia Nurses

A Position Statement on the Pediatric Patient

The American Society of PeriAnesthesia Nurses (ASPN) advocates for an environment of safety in which perianesthesia registered nurses deliver quality care to this most unique population as they undergo anesthesia and surgery. Foremost, perianesthesia registered nurses have the responsibility of recognizing the implications of age-related pathophysiologic and anatomical differences found with the pediatric patient. Special consideration should be given to the assessment of the pediatric respiratory system and subsequent airway management, pain management, pediatric-specific surgical procedures, and illnesses.

ASPN promotes and encourages seminars and continuing education offerings that pertain to the pediatric patient. Perianesthesia registered nurses must demonstrate competencies in recognizing age specific pathophysiology while incorporating a basic understanding of growth and development to ensure a return to optimum health for the pediatric patient. The safety and well-being of the child must be maximized and supported to prevent complications and decrease risks when they are under the influence of anesthesia agents and its adjuncts. Effective nursing care of the pediatric patient requires a specialized knowledge base that is developed through expert opinion, evidence-based nursing practice, education, available research, and leadership. It is to be remembered that the care the pediatric patient receives starts prior to the day of surgery with the preoperative interview. The inclusion of the family/caregiver in the care of the pediatric patient is essential for optimal recovery and return to health.

Background

Perianesthesia registered nurses caring for children require advanced competencies in understanding the growth and development of the pediatric patient (described as 0 to 18 years), cognitive variations, emotional needs, and physical differences.

During the preanesthesia assessment, the following data elements should be assessed and potential problems identified which may include, but not be limited to:

- History of premature birth
- Congenital anomalies
- Presence of autism spectrum
- Behavioral issues
- Adverse childhood experiences
- Developmental or physical syndromes or delays (particularly those that affect the airway)
- Cardiac anomalies

*Refer to ASPN’s A Competency Based Orientation and Credentialing Program for the Registered Nurse Caring for the Pediatric Patient in the Perianesthesia Setting as a guide to review pediatric patient care throughout the perianesthesia experience.*
• Airway issues (e.g., reactive airway disease, laryngomalacia, tracheomalacia, croup)
• Endocrine disorders (e.g., diabetes)
• Address any safety issues at home or in school as well as any ideas of self-harm or high risk behaviors
• Parent/child interactions
• Assess the use of recreational drugs or alcohol or sexual activity or abuse providing privacy when possible

Discharge teaching and planning begin at first contact. Perianesthesia registered nurses need to identify age-appropriate language and communication methods for the patient and his or her family/caregiver in order to promote a positive outcome.

The perianesthesia team must advocate for the special needs of pediatric patients using age-appropriate assessment and intervention to ensure that the perianesthesia experience is optimal throughout the continuum of care.

**Position**

It is the position of ASPAN that perianesthesia registered nurses seek knowledge of and develop skills in the care of the pediatric patient to promote positive outcomes in perianesthesia settings.

To provide optimal care of the pediatric patient:

• A commitment to family-centered care is necessary. This includes involving the family in all levels of the perianesthesia experience from preadmission through discharge. Special attention to an understanding of the need to allow input into or involvement in the plan for anesthetic induction as well as reuniting families in a timely manner should be encouraged
• The utilization of a standardized preoperative health history screening tool is recommended for the pediatric population to ensure the perianesthesia needs of pediatric patients and their caregivers are met
• The preoperative history screening tool should contain questions that are specific enough to illicit needed information in order to provide the best care possible for this population
• In non-pediatric facilities, it is important to provide a specialized area for pediatric patients to promote a comforting environment
• Integrate issues related to pediatric considerations into perianesthesia education, research, and clinical practice
• Encourage research activities related to perianesthesia pediatric considerations
• Encourage parents/caregivers to express concerns regarding anesthesia, surgery or procedure(s) to discuss with surgeons or anesthesia providers

"The American Academy of Pediatrics encourages confidentiality practices that include the opportunity for the pediatric patient to have time alone with the provider to improve the chances of full disclosure." ¹

¹For questions or concerns from parents regarding the effects of anesthesia on the developing brain, the US Food and Drug Administration and the International Anesthesia Research Society have established a website, http://smarttots.org/, where parents can access the most current information and resources to help them make educated decisions along with their care providers.
Expected Outcomes

Peri-anesthesia registered nurses will be knowledgeable in the assessment and care of the pediatric patient and his/her family/caregiver.

All peri-anesthesia registered nurses will familiarize themselves with and inform other members of the healthcare team of this position statement.

ASPAN, as the voice of peri-anesthesia nursing, must externalize this information by sharing this position with regulatory agencies and professional organizations that interface with the peri-anesthesia nursing specialty.

Approval of Statement

This statement was recommended by a vote of the ASPAN Board of Directors on April 18, 2009, in Washington, DC, and approved by a vote of the ASPAN Representative Assembly on April 19, 2009, in Washington, DC.

This position statement was updated and revised at the October 2017 meeting of the Standards and Guidelines Strategic Work Team in Dallas, Texas.

REFERENCE


BIBLIOGRAPHY


