YOUR CHILD’S SURGICAL PASSPORT
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Introduction: The development of a creative approach to tailoring the plan of care for children with Autism Spectrum Disorder (ASD) undergoing surgery. This project came to fruition following a nursing journal club article on the unmet needs of children with ASD. The principle investigator participated in an Evidenced Based Fellowship Program where she did an extensive literature review on the topic and found there were gaps in the literature regarding best practices for comforting children with ASD undergoing surgical procedures. Only children with ASD were included in this study, however, since completion of the study, the project has expanded to all children with developmental or behavioral challenges.

Identification of the problem: Surgical encounters for children with ASD are stressful to patients, families and health care providers and exacerbated by the children’s potential communication limitations.

Purpose of the Study: Incorporate a Surgical “Passport” based on input from family/caregiver to assist staff with providing comfort measures to the child with ASD throughout the surgical continuum.

Aim: Demonstrate effectiveness of Passport booklet by positive-reported caregiver satisfaction. We hypothesize caregivers will report improved satisfaction with the surgery experience of their child with ASD.

Methodology: Once consented, patient information was entered into the Passport and reviewed with caregiver prior to surgery. The Passport “travelled” with the child through the surgical process. Health care team added stickers, chosen by the child, when awake in PACU. The investigator included a survey post- surgery to measure parental satisfaction. This survey consisted of a 4-questions (Likert-scale 1 “strongly disagree” to 5 “strongly agree”). In order to obtain rich data, the following open-ended questions were included:

- Would you recommend the Surgical Passport for other patients and families?
- What has this experience with using the Surgical Passport been like for you?

Results: N=32, Age 8.8±0.76 yrs; 28 males; 80% non-Hispanic white. Caregiver responses: 75% “strongly agreed” Passport had positive effect on child’s care; 81% “strongly agreed” were satisfied correct information was transmitted to the surgical team for comfort; 78% “strongly agreed” they were highly satisfied with use of the Passport; 71% “strongly agreed” Passport use improved child’s care. Multiple answers to open-ended question were highly positive regarding use of Passport. Emerging themes suggested high caregiver satisfaction with the Passport.
**Discussion:** This project allowed us to engage caregivers to ascertain comfort measures, communication techniques, likes, dislikes of a child with ASD. One strength of the study is that we utilized a standardized template to identify the needs of the patient. However, as each child with ASD is unique, all comfort measures were individualized based on the needs of that child. This improved communication allowed us to tailor specific care to each child with ASD. Individualized care included the use of Child Life Specialists, distraction, music, and communication boards. This improved parental satisfaction and perception of care.

**Conclusion:** The Passport is a creative method to engage the parents and the child with ASD to improve care and allow for a unique approach to comfort during the surgical experience.

**Implications for perianesthesia nurses and future research:** Preoperative identification and preparation allows surgical staff to meet needs of child with ASD. Further research measuring surgical staff satisfaction with use of ASD communication tool is currently ongoing.