

# Pre-Admission Anesthesia Risk Screening of Pediatric Patients

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## BACKGROUND & SIGNIFICANCE

- Establishing a consistent process for pre-anesthesia risk assessment enhances patient safety and outcomes by identifying patient specific risks and developing individual plans of care to mitigate those risks<sup>1,2,3,4</sup>.
- The overall goal of screening is to gather the clinical information necessary for the safe and effective administration of anesthesia through a process that is convenient for patients and providers and results in efficient surgical throughput<sup>2,5</sup>.
- Inconsistencies in screening may lead to misidentifying anesthesia risk<sup>2</sup>.
- In our organization, pre-admission screening was historically performed one to two days before the procedure by designated pre-admission testing (PAT) nurses, however, pre-op nurses would often assist in times of high census.
- We identified inconsistencies in screening techniques between the PAT and Pre-Op nurses.

## OBJECTIVE

The purpose of this quality improvement project was to standardize the pre-admit process with a refocus on anesthesia risk identification and escalation of care to ensure 100% pre-screening compliance without departmental variability.

## IMPLEMENTATION

- A multidisciplinary team (clinical nurse specialist, nurse manager, registered nurses, the PAT nurse practitioner, and anesthesiologist) conducted a literature review to identify best practice for screening pediatric anesthesia risk.

### Summary of Best Practice Recommendations

Standardize pre-admission screening with the use of a tool or form<sup>1,2,3,4</sup>.

Increase interdisciplinary communication within the perioperative team<sup>5</sup>.

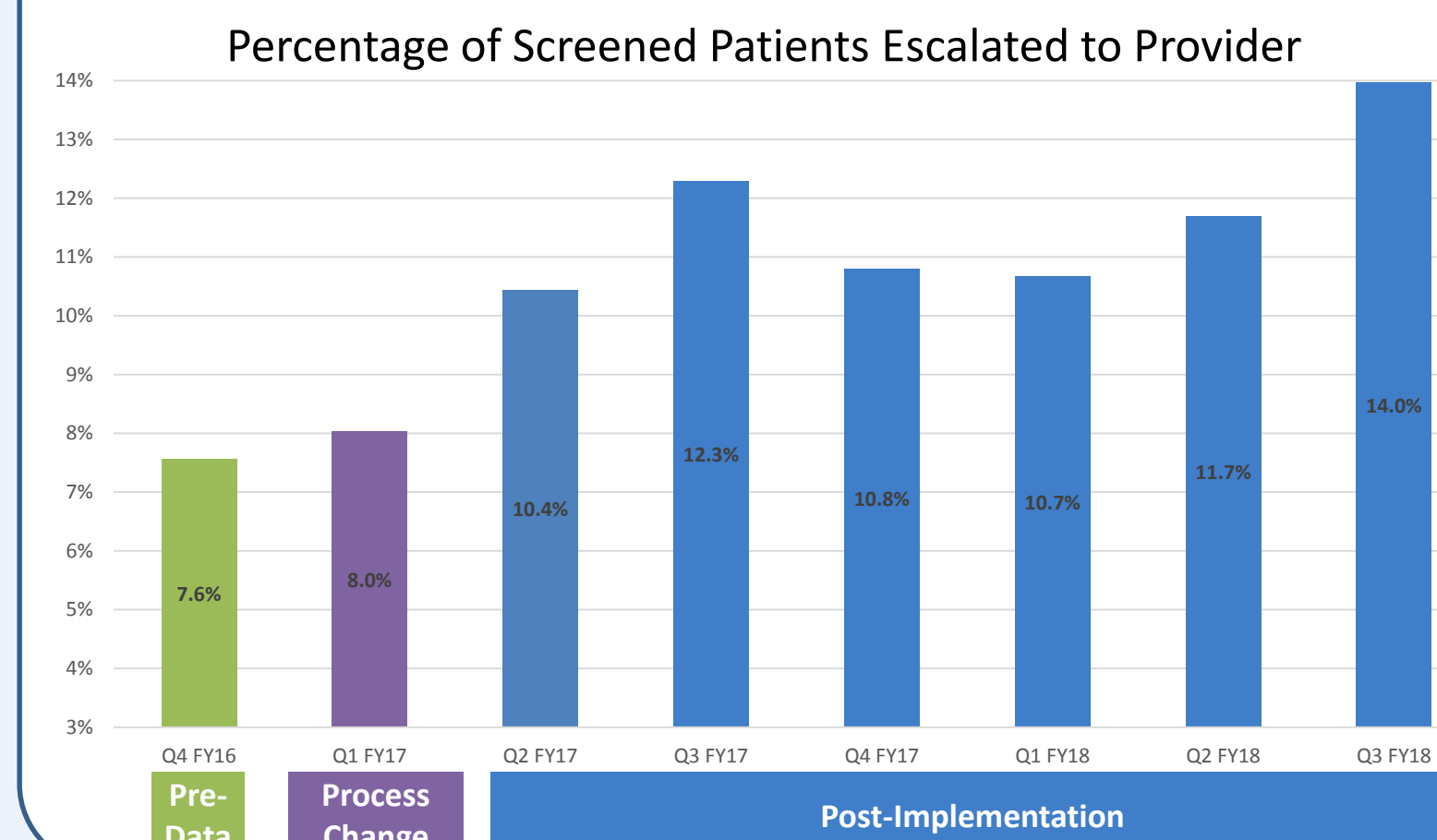
Utilize patient information to develop an individualized plan of care with consideration of pre-existing risks<sup>2,5</sup>.

- An evidence-based screening tool was developed to standardize the pre-admission process and evaluation of anesthesia risk.

- Standards of care for pre-admission testing were developed to define the expectations for all nurses performing PAT screening.
- Staff were re-educated via one-on-one in-service with skill validation on the purpose of the PAT screening (risk identification), mandatory use of the form, and escalation process.

## RESULTS

- Random samplings of thirty patients have been audited monthly to verify completeness and monitor for appropriate escalation of care.
- Significant and sustained improvement, without department variability, has been evident with monthly compliance rates of 96-100%.
- Escalations for evaluation and individualization of plan of care have increased by 46%.



## IMPACT

- Consistent evaluation of patients in the PAT process for anesthesia risk screening is necessary for patient safety<sup>1,2,3,4</sup>.
- Escalating patients for further evaluation by the NP/anesthesiologist increases interdisciplinary communication<sup>2,5</sup>.
- The development of an appropriate individualized plan of care with consideration of pre-existing risks increases the safety of patients undergoing anesthesia<sup>2,5</sup>.



## REFERENCES

References available upon request.

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