



Perianesthesia Nurses and Child Life Specialists Find Synergy in Patient Care

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Background

In a freestanding Proton Therapy Center, pediatric oncology patients (ages 8 months to 18 years) undergo anesthesia daily for multiple treatment sessions. Certified Child Life Specialist (CCLS) and Child Life Assistants work alongside Post Anesthesia Care Unit (PACU) nurses to deliver optimal care by using developmentally appropriate play and distraction techniques. The use of the various techniques coincides with the developmental milestones and communication abilities of the child.

Play is the universal language of children. It is their most natural and unique form of communication especially during times of stress in the health care environment.

Objectives

Integrate play alongside nursing care to provide emotional, psychological, and age-appropriate educational support to pediatric patients and their families.



Process of Implementation

- Implement a process of initial pre anesthesia assessment to include CCLS.
- Utilize Pediatric Anesthesia Emergence Delirium (PAED) scale in conjunction with developmental milestones in both pre and post anesthesia to support the management of patient needs.
- Evaluate and revise the play and coping based on patient's disease process.
- Collaborate with CCLS to finalize play and coping plan.
- Nursing staff follows the developed plan and utilize various play techniques during pre- or post-anesthesia care.
- Implement earlier patient check in time to normalize environment and engage in play.
- Utilize various tools of play for patients and families in education and emotional support.
- Use role play to assist with family dynamics during treatment.

PAED SCALE
History of PAED
Child makes eye contact with caregiver
Child's actions are purposeful
Child is aware of his/her surroundings
Child is restless
PAED SCORE
Interventions
Pre-op Interventions
Post-op interventions for 9 or less score
Post-op interventions for 10 or greater score

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The Pediatric Anesthesia Emergence Delirium Scale is used as a diagnostic measure to quickly detect emergence delirium amongst children and adolescents in the pre and post anesthesia phase of care to provide safe, effective, and quality care.

Statement of Successful Practice

Incorporating play into the daily perianesthesia care plan with the CCLS cultivates a healing environment that supports the overall well-being of both patients and their families. A review of post anesthesia PAED scores revealed that 50% of patients showed improved recovery from their first to last treatment.

Role Playing

Child life specialist and nurses act out scenarios regarding proton treatment through medical play to familiarize themselves with the Proton Therapy Scanners, immobilization mask, and CT/MRI scanners.



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The nurse and child life specialist translates medical jargon and procedure explanations into child friendly language using items such as “Hopper the frog” and “Aflac Duck” for port access and various other tools for treatment plan.

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Constructive Play

The child engages with the child life specialist and nurse in a designated area in PTC1 and PTC 2 by creating art projects, origami, and playing video games before treatment to provide distraction and create a holistic environment which boosts trust and transparency.

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Implications for Advancing the Practice of Perianesthesia Nursing

Utilizing play fosters an environment that allows for greater adaptation and acceptance of treatments and improves overall patient and family experience. Collaboration with CCLS enhances the plan and ensures consistency for outpatients returning for multiple treatment sessions.

Conclusion

Perianesthesia nurses, in collaboration with the child life specialist, cultivate a supportive and healing environment that fosters trust and comfort. Pediatric patients and families receive a structured and compassionate plan of care that addresses both their emotional and physiological needs.

References

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