



A Position Statement on the Pediatric Patient

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

ASPAN promotes and encourages seminars and continuing professional development pertaining 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 optimal 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 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 evidence-based nursing practice, education, available evidence, expert opinion, and leadership. Perianesthesia care for the pediatric patient starts prior to the day of surgery with the preoperative interview. Inclusion of the caregiver/family in the care of the pediatric patient is essential for optimal recovery and return to health.¹

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, physical differences, and social complexities.^a

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

- Growth and development
- History of any birth complications
- Congenital anomalies
- Presence of autism spectrum
- Behavioral issues, coping strategies, and management strategies
- Adverse childhood experiences^b
- Developmental or physical syndromes or delays (particularly those that affect the airway)

^aRefer to ASPAN'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.²

^bAdverse childhood experiences (ACES) include childhood events that are perceived as traumatic and can potentially have lasting negative effects on the health and well-being of the child (e.g., physical, emotional, and/or sexual abuse, divorce, incarcerated caregiver).³



“The American Academy of Pediatrics encourages confidentiality practices that include the opportunity for the pediatric patient to have time alone with the healthcare team to improve the chances of full disclosure.”⁴

- Cardiac anomalies
- Airway issues (e.g., reactive airway disease, laryngomalacia, tracheomalacia, croup, asthma)
- 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
- Caregiver/family child interactions
- Assess the use of recreational drugs or alcohol or sexual activity or abuse providing privacy when possible^c

Discharge teaching and planning begin at first contact. Perianesthesia registered nurses need to identify age-appropriate language and communication methods for the patient and caregiver/family 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 optimized 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 patient- and family-centered care is necessary.¹ This includes involving the family in all phases of the perianesthesia experience from preadmission through discharge. Special attention to understanding 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
- Use a standardized preoperative health history screening tool that includes a focused pediatric respiratory system history and assessment to ensure the perianesthesia needs of pediatric patients and their caregivers/families are met
- Develop response-based plan of care [adaptive] (e.g., behavioral issues) to facilitate less traumatic and more productive healthcare encounters through collaboration with caregivers and healthcare team
- The preoperative history screening tool should contain questions that are specific enough to elicit needed information in order to provide the best care possible for this population^c
- In non-pediatric facilities, it is important to provide a specialized area for pediatric patients to promote a comforting environment² and provide education to the healthcare team on how to use age appropriate nonpharmacological pain management techniques to decrease the pediatric patient’s pain and anxiety
- Integrate issues related to pediatric considerations into perianesthesia education, clinical inquiry, and clinical practice

- Encourage clinical inquiry activities related to perianesthesia pediatric considerations
- Encourage caregivers/families to express concerns regarding anesthesia, surgery, or procedure(s) to discuss with surgeons or anesthesia providers^d
- Require Pediatric Advanced Life Support (PALS) certification for any perianesthesia registered nurse providing Phase I care to the pediatric patient and ensure that PALS equipment is immediately available in case of a life-threatening emergency
- Strongly recommend PALS or Pediatric Emergency Assessment, Recognition and Stabilization (PEARS) for any perianesthesia registered nurse providing Phase II care to the pediatric patient
- Utilize ASPAN's *A Competency Based Orientation and Credentialing Program for the Registered Nurse Caring for the Pediatric Patient in the Perianesthesia Setting* to support and enhance knowledge and skills in the care of the pediatric patient²

Expected Outcomes

Perianesthesia registered nurses will be knowledgeable in the assessment of the pediatric patient and will provide patient and family-centered care.

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

ASPAN, as the voice of perianesthesia nursing, must externalize this information by sharing this position with regulatory agencies and professional organizations that interface with the perianesthesia 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 2019 meeting of the Standards and Guidelines Strategic Work Team in Dallas, Texas.

REFERENCES

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2. American Society of PeriAnesthesia Nurses. *A Competency Based Orientation and Credentialing Program for the Registered Nurse Caring for the Pediatric Patient in the Perianesthesia Setting*. ASPAN; 2016.
3. Sacks V, Murphey D, Moore K. Adverse childhood experiences: national and state-level prevalence. 2014. Accessed July 13, 2020. https://www.childtrends.org/wp-content/uploads/2014/07/Brief-adverse-childhood-experiences_FINAL.pdf
4. Marcell AV, Burstein GR, Committee on Adolescence. Sexual and reproductive health care services in the pediatric setting. *Pediatrics*. 2017;140(5):1-15. <https://doi.org/10.1542/peds.2017-2858>
5. Consensus statement on the use of anesthetic and sedative drugs in infants and toddlers. SmartTots. 2015. Accessed July 13, 2020. <http://smarttots.org/wp-content/uploads/2015/10/ConsensusStatementV910.5.2015.pdf>

^dFor questions or concerns from caregivers regarding the effects of anesthesia on the developing brain, the U.S. Food and Drug Administration and the International Anesthesia Research Society have established a website, <http://smarttots.org/>, where caregivers can access the most current information and resources to help them make educated decisions along with their care providers.⁵



ADDITIONAL READING

American Society of Anesthesiologists. Standards for postanesthesia care. 2014. Amended October 2019. Accessed July 13, 2020. <https://www.asahq.org/standards-and-guidelines/standards-for-postanesthesia-care>

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