Child Life Involvement During Pediatric Anesthesia Induction to Reduce Preoperative Anxiety

Primary Investigator: Maria Quintero BSN RN CPAN CAPA
Co-Investigators: Moureen Azagidi CCLS LMSW CIMI, Peter Doyle MD, Ibrahim Alava III MD FACS, Louly Cardona MSN RN CNOR, Kathy Fisher MS RN CNOR NE-BC, Alberto Cortez BSN RN CNOR, Kimberly Tucker CCLS
Harris Health System, Houston, TX

Introduction: Preoperative anxiety affects 50–75% of pediatric surgical patients, leading to reduced cooperation, delayed recovery, and negative long-term perceptions of healthcare (Chen et al., 2024). Evidence demonstrates that emotional support, preparation, and distraction during anesthesia induction can significantly reduce anxiety and enhance patient and family experiences.

Identification of the Problem: Pediatric patients often experience heightened anxiety during anesthesia induction, impairing cooperation and contributing to more challenging postoperative recovery.

EPB Question/Purpose: In pediatric surgical patients (P), how does Child Life Specialist (CLS) involvement during anesthesia induction (I), compared to standard practice without CLS (C), affect preoperative anxiety levels (O) over 8 months (T)?

Evidence was identified through PubMed, CINAHL, and the Cochrane Library. Key studies by Li et al. (2025), Grewal and Sood (2020), and Mustafa et al. (2024), along with the American Academy of Pediatrics, support CLS interventions to reduce preoperative anxiety and improve patient cooperation.

Methods/Evidence: A multidisciplinary model integrated CLS into perioperative care. CLS provided emotional support, distraction, and coping techniques during induction, accompanied patients into the OR when appropriate, and collaborated with nursing and anesthesia teams for seamless integration. Preoperative education for patients and families was tailored to developmental level, and consistent team communication supported coordinated, patient-centered care. Effectiveness was measured with the Modified Yale Preoperative Anxiety Scale (mYPAS), a validated measure of pediatric anxiety and CLS impact.

Significance of Findings/Outcomes: Over eight months, CLS integration reduced pediatric preoperative anxiety, improved cooperation during induction, increased interdisciplinary workflow and care quality. CLS supported 83% of the 72 cases, consistently contributing to lower anxiety scores and smoother inductions with fewer behavioral disruptions. These improvements streamlined perioperative processes, increased efficiency and suggest potential cost savings through reduced sedation need and faster OR turnover. The initiative strengthened collaboration among nursing, anesthesia, and CLS teams, reinforcing the clinical value of psychosocial support in pediatric surgical care.

Implications for perianesthesia nurses and future research: This initiative demonstrates the nurse's role in advocating for family-centered care through collaboration with CLS. CLS integration in anesthesia induction reduces anxiety, enhances team collaboration and justifies future evaluation of cost-effectiveness, sustainability, scalability, and standardized interdisciplinary training.