Children and young people in day surgery

Introduction
The needs of children and young people undergoing day surgery are very different to those of adults, and the clinical safety margins of care are very small. They are a vulnerable client group as they differ emotionally, psychologically, and physiologically from adults.

As well as providing clinical care in an environment that is as safe and stress-free as possible, care should be provided by staff who are educated in the needs of children and young people and their carers. For many children and young people, day surgery may be their first and only experience of a hospital environment. The experience will often be remembered and may colour the way children react to subsequent hospital admissions and even other life experiences into adulthood (DH, 2003; RCN, 2011a; RCOA, 2010; RCSENG, 2013).

Care of children and young people, whenever possible, should be provided on a day care basis. Their interests are most often best served by being in hospital for the briefest possible time in order to provide safe and effective treatment (DH, 2003; RCN, 2011a; RCOA, 2010; RCSENG, 2013). Day care surgery is the most appropriate method for children, providing the operation is not complex or prolonged and the child is healthy with no significant co-existing illnesses (RCOA, 2010).

All hospitals operating on children and young people should have clear operational policies and procedures in place specific to the needs of children. In order to minimise anxiety and optimise care the following should be considered: pre-operative assessment and preparation; pre-operative fasting guidelines; what clothes children wear to theatre; modes of transport to theatre; nursing care; pain management and discharge follow-up advice. (DH, 2003; RCN 2011a; NCEPOD, 2011; RCSENG, 2013).

Day surgery units should not perform surgery on children unless they have suitable staff and facilities (Verma et al, 2011).

All nurses involved with children and young people undergoing surgery should be familiar with the recommendations in the government and professional documents listed in the references section.

Staff education and training

- Registered children’s nurses should be available to care for children in day surgery. Government, statutory and professional bodies have issued guidance and standards for clinical staff caring for children and young people. Staff treating children must have the education, training, knowledge and skills to provide high quality care (DH, 2003; RCN, 2011a; NCEPOD, 2011; RCN, 2013; RCSENG 2013).
- Guidance and standards state that a minimum of two registered children’s nurses should be on duty throughout the time in which children are cared for. (DH, 2003; RCOA, 2010; RCN, 2013).
- A play specialist should be available to provide preparation and support to the child or young person (DH, 2003; RCSENG, 2013).
- Immediate access to paediatric medical support should be available (NCEPOD, 2013).
GUIDELINE 3
Day Surgery Information
Children and young people in day surgery

- Staff providing direct care to children and young people must have a Criminal Records Bureau check, pre-employment checks, and receive training in child protection, in accordance with the intercollegiate document (RCPCH, 2010; RCSENG, 2013).
- In day surgery areas, there must be staff trained to advanced-level paediatric life support (DH, 2003).
- Day surgery units that find difficulty in recruiting registered children’s nurses may consider rotational or across-site nursing posts. Access to a dedicated nurse bank also ensures units can offer appropriate care to children but allows employment on a more ad hoc basis. Nurses caring for children should receive training to keep up-to-date with consent issues, calculation of children’s drug dosages and resuscitation skills (RCN, 2013).

Staff skills
Due to the nature of day case surgery, there is minimal time to build up a trusting relationship with the child or young person and their family before surgery.

- Both verbal and non-verbal communication skills must be used to ensure a successful outcome to the day surgery process. Verbal skills are used to give information to the parent and child or young person and must be pitched at the right level to ensure understanding. The nurse must be able to pick up different non-verbal signs shown by children of various ages to detect anxiety, pain and distress.
- Information must be pitched at the correct level for both parent and child or young person so they can make an informed choice about the procedure and feel in control of the situation.
- All staff in contact with children and young people should be trained in the developmental, psychological and communication aspects of care.
- All staff must be able to competently recognise and assess the level of pain in both communicative and non-communicative children and young people. They must be competent to administer analgesic drugs and also in non-drug intervention (RCN, 2011a).
- Clinical staff must be able to recognise a sick child quickly and start emergency treatment, including resuscitation.

Supporting the parents or carers
- Parents and carers should, wherever possible, be involved in all aspects of care and appropriate facilities should be provided for them (Verma et al, 2011. DH, 2004. RCSENG, 2013).
- The nurse must ensure that the parent or carer is able to participate as much as possible in their child’s care.
- To achieve a successful outcome for the child or young person and their family, the parent or carer should be consulted on the expected care and encouraged to be active participants. This often reduces the overall stress of the experience for the child or young person and their family. They should know what is expected of them as partners in care and receive help from staff.
- Nurses should ensure that the physical and psychological needs of the parents are met if they are to give optimum support to the child throughout the day. Parents are expected to have more responsibility for their child during day care than inpatient care and are thought to be more anxious.
GUIDEline 3
Day Surgery Information
Children and young people in day surgery

Environment

- Children should be nursed in specifically designed, child friendly and safe paediatric day care units, which reflect the emotional, developmental and physical needs for the child or young person.
- If children and young people must be cared for on an adult day unit, there must be a specific area for them and their parents or carers, and separate sessions and/or facilities should be provided (DH, 2003; RCOA, 2010; NCEPOD, 2011).
- There should be appropriate facilities for play, with suitable equipment, toys, games and a play area (DH, 2003; RCSENG, 2013; Verma et al, 2011).
- Where children are admitted to an inpatient ward for day surgery, there should be separate policies and operational rules established.
- Young adults (16-18 years) have the right to choose between a children’s ward, an adult ward or, if available, a ward for adolescents (DH, 2004). In reality, choice of accommodation often depends on service provision and the procedure being undertaken. Consideration should be given to the age and emotional needs of the child or young person (NHS, 2007).
- The environment must be safe and secure. (DH, 2003). There should be CCTV and swipe access in place (RCN 2011a).

Preoperative care

- Where admission to hospital is planned, children and young people should be prepared through pre-admission play and information (DH, 2003). They should have an appropriate clinical assessment prior to surgery. This is often most easily performed in a pre-admission clinic (NCEPOD, 2011).
- The preparation of a child and family should begin before the child is admitted for surgery. Both written and verbal information should be available in the outpatient department. Direct contact with the day ward should be arranged with the opportunity to meet the staff who will be looking after the family.
- Units should have an organised pre-admission programme that incorporates many elements of the day surgery process. This gives the child or young person and their parent or carer a chance to express any fears and to learn how to prepare for admission and what to do on the day. It is an ideal opportunity to explain the fasting rules, and to discuss postoperative pain management and recovery care. Addressing the child and family’s physical, psychological and social needs at pre-assessment enables the process of care to be carried through until discharge, thereby providing an episode of care that is smooth, timely and appropriate. Good quality verbal and written information should be given on all relevant aspects of care (NCEPOD, 2011; RCOA, 2010).
- There are many good examples of pre-operative preparation available. The further reading section of this leaflet offers a selection.
- While many families will have sought advice and prepared well, others will be extremely anxious. Their fears may be transferred to the child or young person. Nurses need to have the skill to quickly assess the family and adapt their practice to individual needs.
- On the day of admission the child or young person and family should be welcomed to the unit and introduced to the nurse caring for them. Ideally, if they have attended for a pre-admission visit, the same staff should be available to prepare the child for surgery. Play staff are invaluable in organising play and preparation activities to help reduce anxiety and boredom.
GUIDELINE 3
Day Surgery Information
Children and young people in day surgery

- The family and child or young person should be encouraged to take an active part in the preoperative assessment and documentation process. The documentation should include space to record the child’s personal likes and dislikes (such as a nickname), any known allergies and specific anxieties.
- During the preparation process, the child or young person and their family should be introduced to the pain assessment tool used by the unit. Enabling children and young people to understand the process will ensure accurate assessment can be made post-operatively and that analgesia is tailored to the individual requirements of each child.

Policies and procedures

- Full-term infants over one month old are usually appropriate to undergo day surgery. A higher age limit is advisable for ex-premature infants (60 weeks post-conceptual age) (RCOA, 2010; Verma et Al, 2011).
- Elective surgery should wherever possible be scheduled on designated children’s lists. Where not possible, designated time should be scheduled at the start of lists. Cases should be scheduled considering the needs of children and carers. (DH, 2003; NCEPOD, 2011; RCSENG, 2013).
- Pre-operative starvation guidelines for children and young people undergoing day surgery currently advise:
  - 2 hours for clear fluids (through which newsprint could be read)
  - 4 hours for breast milk
  - 6 hours for cow’s milk, formula and food (including sweets)
  - chewing gum should not be allowed. (RCN 2005).
- Fear of needles is always a concern for children and young people. The use of a topical local anaesthetic cream such as EMLA or ametop is recommended. Clear guidelines as to their use must be available and followed.
- Consent for the procedure should be obtained from the person with parental responsibility and in most cases from the child or young person themselves, in accordance with guidance from the Nursing and Midwifery Council and the General Medical Council (see further reading section).
- Sedative pre-medication is not routinely offered to children and young people before day surgery as the effects are unpredictable and can cause excessive drowsiness post-operatively. Occasionally, an oral sedative may be helpful in cases of extreme anxiety or distress.
- Getting undressed and wearing a theatre gown can be very distressing for some children and young people. Many units have child-friendly gowns or allow children to wear their own loose fitting clothing or nightwear. Nurses should ensure a child’s dignity is maintained at all times.
- Except when the child or young person has been pre-medicated, the family should choose the method of transport to the anaesthetic room. This could mean being carried, walking, or riding a special car or bike rather than a theatre trolley. For children and young people who become overly anxious in unfamiliar environments, the use of their own push chair or wheel chair should be considered.
- A parent or carer should be encouraged to accompany the child or young person into the anaesthetic room and stay with them until the child is asleep. The nurse must ensure that the parent understands what to expect at the time of induction, offer support during and after this procedure, and keep them fully informed of progress. It must be remembered that some parents or carers will not feel comfortable with this role. In this instance they must be supported and reassured that this is acceptable, and the admitting nurse or play specialist should stay with the child or young person until they are asleep.
- A child-centred approach to anaesthesia should be applied (RCOA, 2010).
GUIDE LiNE 3
Day Surgery Information
Children and young people in day surgery

Post-operative care

- Parents and carers must be reunited with their child as soon as is safe and the child is maintaining their own airway. They should be invited to sit with the child in the recovery area and accompany the ward nurse on the journey back to the ward. Children and young people should be returned to the ward as soon as it is clinically appropriate to do so.
- A recovery discharge criteria must be in place (AAGBI, 2002).
- Observations should be conducted in accordance with local and national guidance (RCN, 2011).
- Parents and carers need to be prepared for their role. They should be encouraged and supported to help observe the child’s condition, and offer comfort and reassurance.
- Depending on the type of surgery and local criteria, children and young people should be offered fluids and a light diet as soon as possible on return to the ward. Young children often settle better and are less distressed if they are allowed to quench their thirst. Breastfed babies should be encouraged to feed as soon as possible.
- Although analgesia is usually given during surgery or in recovery, pain assessment should be done on return to the ward. This should be done using the unit’s pain scale rating tool shown to the family on admission. Parents and carers should be fully informed of all analgesia that has been given. They should be given analgesia to take home or be advised what to buy from the chemist.
- A clear discharge criteria for home must be in place which should encompass pain relief at home following day surgery (RCOA, 2010).

Documentation

The clinical governance agenda requires units to develop standards, protocols and audit tools in order to monitor the quality of care. Ensuring that all patient care is clearly and fully documented prior to the child’s discharge will aid in the process.

References


GUIDELINE 3
Day Surgery Information
Children and young people in day surgery


Royal College of Nursing (2013) Defining staffing levels for children’s and young people’s services, London: RCN. (IN PRESS)


GUIDELINE 3
Day Surgery Information
Children and young people in day surgery

Further reading


Department of Health (1996) NHS the patient’s charter: services for children and young people, London: DH


Publication code: 004 464 (Updated June 2013)