

Providing Development-Based Care in Pediatric Anesthesia

AAP's four steps for obtaining assent in older children and teens:

#1 Communicate the medical condition or procedure at the appropriate developmental level.

#2 Explain what the child can expect.

#3 Evaluate if the child understands, ascertain if child is being pressure to accept treatment.

#4 Ask the child to accept the medical recommendations or procedure, discuss alternatives.

Infants (0-1 yrs)

- Attuned to emotional state of caregiver
- Limited verbal ability to convey emotions and needs.
- "Stranger Danger" develops at 8-9 months of age.
- Principle stressor: separation from caregiver.
- Other stressors: unfamiliar surroundings, unfamiliar attire, impaired basic needs.

- Greet the infant first
- Educate caregivers about perioperative plan/expectations to ease stress or anxiety.
- Encourage parent presence and participation when able.
 - Examine in parents' arms, involve in positioning.
- Offer familiar comfort items
- Offer to carry infant to the OR

Toddlers (1-3 yrs)

- Limited verbal abilities, understand more words than they can say.
- Increasingly aware of surroundings through all five senses, sensitive to change.
- Stranger anxiety may still be present.
- Stressors: separation from caregiver, hunger/thirst, change in routine, loss of autonomy and mobility (e.g. back-laying)

- Encourage caregiver participation.
- Direct simple explanations of all actions and equipment to child. Describe the sensory details.
- Allow to explore equipment and mimic actions to increase comfort.
- Offer choices when possible.
- Allow for motor activity as able, induce in sitting position if safe.
- Helpful to explain to parents that initial response to separation may be protest, this is health and normal.

Preschool Age (3-6 yrs)

- Best understand what they are able to do by experience, through role play or imitation.
- Use of associative/"magical thinking". Assign idiosyncratic meanings to illnesses/injuries.
- Common stressors: disruption of routine, fear of unknown, misconceptions due to magical thinking, lack of explanation, heightened fear of bodily harm or pain

- Acknowledge the child's autonomy by introducing yourself directly.
- Invite child to contribute to history taking.
- Describe what is going to happen directly to the child, use their own language when possible (avoid metaphors or abstract language as can lead to misconceptions).
- Allow child to practice/role play.
- Allow choices to help autonomy, allow mobility as able
- Familiar comforts should be present (eg TV show, music, stuffed animal)

Grade School Age (7-11 yrs)

- Begin to acquire capacity for abstract thinking, rational thought. Able to see different perspectives.
- Have heightened fear of body mutilation/pain (e.g. losing a limb).
- Taming of imaginative thinking, focused more on achievements, gaining skills. Can struggle if they miss out on things.
- Separation anxiety tends to improve.
- Common stressors: fear of deformity, loss of bodily control, fear of pain/death/anesthesia (intra-op awareness, not waking up), deviation from routine or regular activities.

- Give child tasks to help, encourage making choices when possible. Provide activities that foster sense of accomplishment.
- Give specific information about which body parts will be affected and how.
- Explain what will happen before, during, after surgery (e.g. how they may feel). Avoid threatening language like cut, bleed.
- Avoid threats or bribes.
- Encourage expression of fears or concerns. Be open and answer questions as directly as you can.
- Identify and correct misconceptions.
- Reassure how pain will be addressed.

Adolescents (11-12+ yrs)

- Growing proficiency in abstract thinking.
- Peer relationships play primary role. Tend to be more concerned with potential impacts on body image, physical appearance, etc.
- Like to explore independence from parents, but often still want parents involved in decision making.
- Often desire physicians to respect autonomy.
- May not feel comfortable asking all their questions or expressing that they are nervous/fearful.
- Common stressors: fear of scarring/altered appearance/restriction of activities, fear of anesthesia (intra-op awareness, death), loss of independence and control, fear of peer rejection.

- Respect autonomy and privacy (all adolescents should be offered opportunity to address personal questions with parents out of the room).
- Provide honest, clear explanations of peri-op expectations and reassurance (e.g. IV placement, pain/PONV management)
- Facilitate choices and control, include them in plan of care.
- In mid-late teen years, address patient primarily and include parents when support is needed.
- Normalize fears/preferences (e.g. "many teens are nervous about/prefer...")

Top Questions Older Kids May Want to Know

Adapted from Fortier, et al. 2009

Pain

- Will the surgery hurt?
- Will there be pain?
- How long will I be in pain after the surgery?

Eating

- What am I allowed to eat before surgery? After the surgery?
- When will I be able to eat after the surgery?

Anesthesia

- Will I wake up in the middle of surgery?
- Will I feel anything when I am asleep?
- Will I feel sick or drowsy after the surgery?
- Will my Mom or Dad be there when I wake up?

Preoperative and Discharge Procedures

- Will the doctor tell me about the surgery?
- What will it like when I go home?
- When will I go home?
- Will I stay overnight?

Medical Conditions

- Will I be alright?
- Can this problem come back?