Thames Valley and Wessex
SURGERY IN CHILDREN
Operational Delivery Network

Best Practice Recommendations

PAEDIATRIC PRE-ASSESSMENT PATHWAY

SETTING Thames Valley & Wessex Surgery in Children Operational Delivery Network (TV&W SIC ODN)

FOR STAFF Staff involved in the pathways for children (under 18 years) undergoing pre-assessment prior to procedures

PATIENTS Children who are being considered for procedures in organisations across the TV&W SIC ODN region requiring general anaesthetic

Guidance

Summary

All children undergoing a procedure requiring general anaesthetic should receive pre-assessment (1). When a child is receiving an elective procedure this should occur at an appropriate time prior to the event to ensure assessment, optimisation of any medical conditions, psychological preparation and consent (2). The GIRFT report on Paediatric General Surgery and Urology recommends that the amount of day surgery offered to children should increase (3), pre assessment can support optimal theatre utilisation (8,9) and best outcomes for day surgery (5). The following recommendations are designed to support centres across TV&W in optimising their pathways to achieve this. This document is intended to provide a reference for what is considered best practice across the TV&W region and should be viewed alongside any locally agreed Standard Operating Procedures (SOPs) which should be followed at all times by local clinical teams.

Patient Pathway

- All trusts should have a local pathway/SOP for **ALL** children undergoing a procedure which may require a general anaesthetic to ensure they are referred to pre-assessment in a timely manner (2).
- All children should have assessment of their current health status, including anxiety state (see appendix ii and iii), by the paediatric pre-assessment nursing team, which should consist of experienced appropriately trained nurses (2)
- All non-specialist centres should have clear written criteria for children and young people who are able to have their care delivered locally, and criteria, based on the complexity of the procedure or the child's co-morbidities, as to when they should be referred to a specialist children's hospital for their procedure (2). This should be available to the pre assessment nursing team.

- All children should be pre-assessed by the nursing team at a time appropriate to their individual optimisation needs (if required), but ideally not less than two weeks prior to planned procedure. (2)
- All children are pre-assessed by the nursing team either by telephone, virtually or face to face depending on individual patient needs or parental/patient request (2)
- All children with specific medical or behavioural needs should be seen at pre-assessment, after initial nursing consultation, by a consultant paediatric anaesthetist if required (2) (see appendix ii).
- Patients and parents/carers should be given appropriate information leaflets regarding anaesthesia and surgery (10)
- Informed Consent should have been obtained prior to the day of theatre (2).
- Pre-assessment offers an opportunity for wider health screening and to 'make every contact count' (11). Health promotion should be discussed with the family (6) (see appendix i).

Day of Procedure

- All children undergoing a procedure should have had a physical assessment completed with observations charted on national PEWS documentation (either at Pre-Assessment or on day of procedure). Examination should include:
  - Weight and height
  - Temperature
  - Oxygen saturations
  - Heart rate
  - Blood pressure
  - Airway assessment including loose deciduous teeth
- Consider heart auscultation for children <2years old with no previous pre assessment.
- Any reasonable adjustments required should have been communicated across all stakeholders in preparation for the child's admission i.e. admitting area, theatre reception, operating department and recovery, anaesthetist, nursing team. The patient and parents should have been involved in completion of the reasonable adjustments care plan and should have a copy for reference.

Follow up

- As part of the TV&W SIC ODN, centres should participate in audits of their pre-assessment pathway for children against these recommendations to identify opportunities to improve safety, quality and performance.

Appendix (i)

Health promotion should include (2):

- Obesity
- Parental smoking
- Immunisation Programmes
- Oral Health
- Safeguarding

Appendix (ii)

Specific guidance may be required to address some conditions specific to children. These should describe required investigations, opportunities for optimisation and also criteria for referral to the specialist centre (2):

- Congenital heart conditions
- Respiratory conditions – asthma, URTI, asthma, OSA
- Endocrine and Metabolic conditions including diabetes
- Inherited conditions and syndromes
- Learning disabilities and behavioural issues including autism and ADHD
- Safeguarding

Appendix (iii)

Up to 80% of children requiring an anaesthetic will experience an amount of anxiety (7). Pre assessment teams should receive training to identify anxiety and provide management strategies for those children and their family (2).

Table A

Reference	1. Royal College of Anaesthetists [RCOA] (2022). Chapter 10 Guidelines for the Provision of Anaesthesia Services (GPAS) Guidelines for the Provision of Paediatric Anaesthesia Services. 2022 2.7 2. Association of Paediatric Anaesthetists of Great Britain and Ireland [APAGBI] (2022). Best practice guidance on Preassessment Services for Children undergoing Surgery or Procedures. Available from: Best Practice - Preassessment standards in Children - Final publication v5 (apagbi.org.uk) 3 Kenny S, GIRFT Paediatric General Surgery and Urology 2021 July 2022 4. Stephens L, Gillick J, Pre operative assessments in pediatric surgery. 2017. Available at Preoperative Assessments in Pediatric Surgery | SpringerLink (Accessed 13 July 2022) 5. RCN, Day Surgery for Children and Young People. 2020. Available at: Day surgery for children and young people | Publications | Royal College of Nursing (rcn.org.uk) (accessed 13 July 2022) 6. NHS England (2019) The NHS Long Term Plan. Available at: NHS Long Term Plan v1.2 August 2019 (accessed 13 July 2022) 7.. Perrott C, Lee CA, Griffiths S, Sury MRJ. Perioperative experiences of anaesthesia reported by children and parents. Cravero DJ, editor. Paediatr Anaesth. 2017; 25(2): 1085–156. 8. Ladak N, Lambert B, Newby D. The state of preoperative paediatric services in England. Paediatr Anaesth. 2018 May 28;1–2. 9. Wood K, Barlow V, Sivaprakasam J. The Impact of a New Consultant Led Pre-Operative Assessment Service at Royal Manchester Children's Hospital. Presented APAGBI ASM 2016 10. RCOA (2019) Information for children, parents and carers. Available at: https://www.rcoa.ac.uk/patient-information/patient-information-resources/informationchildren-parents-carers (Accessed 13 July 2022) 11. Making Every Contact Count (MECC): consensus statement, PHE, NHSE, HEE (2016) Available at: https://www.england.nhs.uk/wp-content/uploads/2016/04/making-every-contact-count.pdf
Authorising Body	This document was approved by the TV&W CYP Strategic Board on 4th November 2022.
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