

Children/young people in day surgery

Introduction

For many children and young people, day surgery may be their first and only experience of a hospital environment. Impressions will often be remembered and may colour the way children react to subsequent hospital admissions and even other life experiences in adulthood.

Paediatric day surgery is not a new concept. As far back as the 1900s James Nicoll, a Glasgow surgeon, recognised that children's physical and psychological recovery are quicker if the child has a short time in hospital and is returned to the normality of family life.

The scope of day surgery now extends across such a wide range of procedures that an increasing number of children and young people with multiple and/or complicated disorders are being admitted for day care. Day case admissions must be planned carefully to avoid causing distress to the child and family (Thornes, 1991).

Since 1959, when Platt reported that "children should not be admitted to hospital unless appropriate care cannot be given in the community", day surgery has been important to government guidance (DH, 1991; Scottish Office, 1993; DH, 2004). The NHS and independent sector should comply with this guidance (RCN, 2000; RCN, 2002) as well as with legislation (DH, 1989; DH, 2003; DHSS (N. Ireland), 1995; Scottish Office, 1995) on the care of children and young people in hospital. All nurses involved with children and young people having surgery should be familiar with the recommendations in both government and professional documents listed in the references and further reading section.

The National Service Framework for Children (DH, 2003) says that:

- ◆ registered children's nurses should be available to care for children undergoing day surgery
- ◆ the environment should be safe and well suited to the age and stage of development of the child/young person
- ◆ there should be appropriate facilities for play.

If children/young people are admitted to a day surgery unit where there is no paediatric service, there must be staff trained in paediatric life support and liaison with a paediatric service that takes overall responsibility (Royal College of Surgeons, 2000). Policies and protocols specific to the needs of children are required on such issues as pre-operative assessment and preparation, pre-operative starving guidelines, nursing care, pain management and discharge follow-up advice (DH, 2003).

Professional staff

- ◆ The needs of children and young people having day surgery are very different to those of adults. Children are a vulnerable client group as the clinical, psychological

Day Surgery Information

Children/young people in day surgery

and physical safety margins of care are very small. As well as providing clinical care in an environment that is as safe and as stress-free as possible, care should be provided by staff who are educated in the needs of children/young people and their carers.

- ◆ Government, statutory and professional bodies have issued guidance for clinical staff caring for children and young people. This is specifically explicit for nurses who have more contact with the child or young person than other health professionals.
- ◆ Staff providing direct care to children and young people must have a Criminal Records Bureau check and receive training in child protection and basic paediatric life support.
- ◆ Government guidance (DH, 1991; DH, 2003; Scottish Office, 1993) states that a minimum of two registered children's nurses should be on duty throughout the time in which children are cared for. This was re-emphasised following the Allitt Inquiry (DH, 1994; RCN, 2000; RCN, 2002; RCN, 2003).
- ◆ All staff in contact with children and young people should be trained in the developmental, psychological and communication aspects of care. This should also include the recognition of pain across different ages and stages of development. Clinical staff must be able to recognise a sick child quickly and start emergency treatment, including resuscitation.
- ◆ Surgeons and anaesthetists providing care to children must meet criteria and training laid down by their professional bodies, and adhere to guidelines governing day case surgery in children (Royal College of Surgeons of England, 2000).
- ◆ Recommendations from the 1989 NCEPOD (National Confidential Enquiry into Peri-operative Deaths) (reiterated in 1999 NCEPOD) were that "surgeons and anaesthetists should not undertake occasional practice and no trainee should undertake any anaesthetic or surgical operation on a child of any age without consultation with their consultant" (Royal College of Surgeons of England, 2000).
- ◆ All hospitals without a senior registered children's nurse should establish links with senior nurses from their local NHS trust for advice, policy development and review as well as for assistance with training (RCN, 2000).
- ◆ Day surgery units which 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, 2000).
- ◆ The child/young person admitted for day surgery needs careful consideration by all staff. *Just for the day* (Thornes, 1991), although published 13 years ago, remains an important document. It contains 12 quality care gold standards with 42 principles for all paediatric day case admissions and provides a planned package of care incorporating the quality care standards (Kennedy, 1999).
- ◆ 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/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.
- ◆ Paediatric day surgery cases spend an average of two to eight hours in hospital. This leaves minimal time to build up a trusting relationship and rapport with the child/young person and family before surgery. Specialist knowledge is needed to assess, plan, evaluate and implement the care required to meet the needs of the child/young person and family in the limited time available. Information must be pitched at the correct level for both parent and child/young person so they can make an informed choice about the procedure and feel in control of the situation.
- ◆ Written consent for the procedure should be obtained from the registered parent/carer and in most cases from the child/young person themselves (DH, 2001).

Supporting the parents/carers

"Parents/carers should be closely involved with the care of their children at all times" (DH, 1991; DH, 2003; Scottish Office, 1993; DH, 2004).

- ❖ As the child's/young person's advocate the nurse must ensure that the parent/carer is able to participate as much as possible in their child's care.
- ❖ 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 possibility to meet the staff who will be looking after the family. Nurses should take the opportunity to explain the day surgery process.
- ❖ 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.
- ❖ Units should have an organised pre-admission programme that incorporates many elements of the day surgery process. This gives the child/young person and their parent/carer a chance to express any fears and to learn their role in preparing for admission and on the day. It is an ideal opportunity to explain the fasting rules, and to discuss post-operative pain management and recovery care.
- ❖ While many families have sought advice and prepared well, others are extremely anxious. Their fears may be transferred to the child/young person. Nurses need to have the skill to quickly assess the family and adapt their practice to individual needs.
- ❖ To achieve a successful outcome for the child/young person and their family, the parent/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/young person and 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 (Teichman et al., 1986). Parents often starve themselves along with their child so they should be encouraged to have a refreshment break while surgery is being performed; this will ensure they are able to cope well during the post-operative period.

Environment

- ❖ Ideally, children should be nursed in customised and specifically designed paediatric day care units. However, if children/young people must be cared for on an adult day unit, there must be a specific area for them and their parents/carers, and separate sessions and/or facilities should be provided (DH, 1991; DH, 2003; Scottish Office, 1993; DH, 2004).
- ❖ The environment of the day case unit must be child-safe and child-friendly. Suitable equipment, toys, games and a play area should be provided to reduce anxiety and speed recovery. Parents/carers should have access to a telephone and utilities to help them in caring for their child.
- ❖ 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, 1996; DH, 2004). In reality, choice of accommodation often depends on service provision and the procedure being undertaken.

Pre-operative care

- ❖ On the day of admission the child/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.
- ❖ The family and child/young person should be encouraged to take an active part in the pre-operative 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/young person and family should be introduced to the pain assessment tool and documentation used by the unit. Play staff can be very helpful in ensuring children understand the process so that an accurate assessment can be made post-operatively.

- ◆ Post-operative analgesia is tailored to the individual requirements of each child. It is no longer acceptable for intramuscular injections to be considered.
- ◆ Fear of needles is always a concern for children/young people. The use of a topical local anaesthetic cream such as EMLA or AMITOP is recommended. Clear guidelines as to their use must be available and followed.
- ◆ Prolonged starvation periods should be avoided as this can increase post-operative discomfort and delay recovery time (Neill, 1995). Pre-operative starvation guidelines for children/young people undergoing day surgery currently advise six hours for food and cow's milk (including formula feeds), four hours for breast milk and two hours for clear fluids (RCN, 2002; RCN, 2004).
- ◆ Sedative pre-medication is rarely offered to children/young people before day surgery as 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/young people. Many units have child-friendly gowns or allow children to wear their own loose fitting clothes or nightwear. Nurses should ensure a child's modesty is maintained at all times.
- ◆ Except when the child/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.
- ◆ A parent/carer should be encouraged to accompany the child/young person into the anaesthetic room and stay with them until asleep. The nurse must ensure 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.

Post-operative care

- ◆ Children/young people should be returned to the ward as soon as it is clinically appropriate to do so. Parents/carers should be invited to sit with the child in the recovery area and accompany the ward nurse on the journey back to the ward.
- ◆ Parents/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/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/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.

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

Department of Health (1989) *The Children Act*. London: HMSO.

Department of Health (1991) *Welfare of children and young people in hospital*. (Endorsed by the Welsh Office and DHSS Northern Ireland). London: HMSO.

Department of Health (1994) *The Allitt inquiry*. London: HMSO.

Department of Health (1996) *Services for children and young people – the Patient's Charter*. London: Department of Health.

Department of Health (2001) *Consent - a guide for children and young people & a guide for parents*, London: HMSO.

Department of Health (2003) *The National Service Framework for Children*. London: HMSO.

Department of Health (2004) *The National Service Framework for children, young people and maternity services*. London: DH (download from www.dh.gov.uk).

Department of Health and Social Security (1995) *Children (Northern Ireland) Order*. Northern Ireland: DHSS.

Kennedy, A.M. (1999) *Care of children* in Hodge, D. (ed) *Day surgery: a nursing approach*. Edinburgh: Churchill Livingstone.

National Confidential Enquiry into Perioperative Deaths (1989) www.nce.pod.org.uk/index.htm accessed 13 March 2001. [needs updating – can no longer be found at this web address]

National Confidential Enquiry into Perioperative Deaths (1999) www.nce.pod.org.uk/index.htm accessed 13 March 2001. [needs updating – can no longer be found at this web address]

Neill, S. (1995) Fasting for day surgery: the parental role. *Paediatric nursing*, March 7, pp20-23.

Royal College of Nursing (2000) *Children in acute independent sector hospitals*. London: RCN. Publication code 001 216.

Royal College of Nursing (2002) *Caring for children: guidance for nurses working in the independent sector*. London: RCN. Publication code 001 448.

Royal College of Nursing (2003) *Defining staffing levels for children's and young people's services*. London: RCN. Publication code 002 172.

Royal College of Surgeons of England (2000) *Children's surgery: a first class service*. England; RCS.

Scottish Office (1993) *At home in hospital: a guide to care of children and young people*. The Stationery Office.

Scottish Office (1995) *Children (Scotland) Act*. The Stationery Office.

Teichman, Y., Ben Rafael, M. and Lerman, M. (1986) *Anxiety reaction of hospitalised children*. *Br J Medical Psychology* 59, pp375-82.

Thornes (Caring for Children in the Health Service) (1991) *Just for a day – a study of services for children admitted to hospital for day treatment*. London: Action for Sick Children.

Further reading

Action for Sick Children (1994) *Setting standards for children undergoing surgery*, London: Action for Sick Children.

Department of Health (2002) *Day surgery – operational guide*, London: Department of Health.

December 2004

Published by the Royal College
of Nursing
20 Cavendish Square London
W1G 0RN

Tel: 020 7409 3333

www.rcn.org.uk

RCN Direct 0845 772 6100

24 hour information and advice
for RCN members.

Publication code 001 374