HIGH DESERT HEALTH SYSTEM
AMBULATORY SURGICAL CENTER

SUBJECT: VI-129 PEDIATRIC ANESTHESIA	**POLICY #**: 1165
	VERSION: 2
APPROVED BY: Aram. Messerlian (CHIEF PHYSICIAN I ANESTHESIOLOGY), Beryl Brooks (ADMR,COMP AMB HEALTH CARE CENTER), Leila Adriano (NURSE MANAGER)	
DATE APPROVED: 08/10/2018	

PURPOSE: To provide guidelines for evaluating and preparing pediatric patients for both the anesthesia and surgical experience.

PREOPERATIVE EVALUATION:

1. Take detailed history of child from parents or legal guardian including, but not limited to:
    a. Current/preexisting medical problems.
    b. Current/past medication.
    c. Drug or food allergies.
    d. Past anesthetic experiences.
    e. Family history of anesthetic problems.
2. Speak directly to child. This may reduce their separation anxiety the day of surgery.
3. Examine patient and order necessary lab studies.
4. Assign ASA Patient Physical Status Classification.
5. Determine need for preoperative sedation and acid prophylaxis:

    Preoperative Medication Guidelines:

    VERSED:

    Indication: Anxiolysis in pre-op holding

Dose	Route	Concentration
0.4-0.75 mglkg (maximum 15mg)	Oral, mixed in appropriate clear liquid, (i.e. apple juice, cola, Kool-aid)	5 mg/cc

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6. Discuss the following NPO (fasting) guidelines with parents/legal guardian:
    a. Normal meals can be taken until bedtime on the evening before surgery.
    b. Non-clear liquids, including milk- including milk - 6 hours prior to anesthesia
    c. Clear liquids- 2 hours prior to anesthesia Clear liquids include only water, apple juice, clear soft drinks and clear Jell-O, and do not include milk, any fluid with particular matter or hard candy**.**
    d. Patients taking oral medications, such as sedatives or antibiotics, may take these medications early in the morning with a sip of water, if recommended by the anesthesiologist.
7. Discuss anesthesia plan, risks, benefits and alternatives with parents/legal guardian and obtain their consent.

ANESTHESIA:

Pediatric age-specific equipment must be available including the pediatric cart.

Set up:

The same procedure as for adults with the following exceptions:

1. Pediatric circuit for children up to age 4 and weights of 40 pounds (18 kilograms) or less.
2. Proper sized airway equipment.
3. Warming room for small children to 72°F (22°C). Pediatric Bair hugger/Paw is available for longer surgeries or if indicated.

Fluid Administration:

1. Fluid is lactated Ringers (LR) unless other fluids ordered by anesthesiologist.
2. IV will have an injection port as close to the patient as possible for administration of medications.
3. IV setup will have a burette in line for appropriate patients.

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Monitoring:

1. Once children are separated from their parents it is useful to induce anesthesia promptly. This will usually be by mask unless IV has been established. A minimum monitor required for healthy children is pulse oximeter.

2. Once the child is through Stage 2 of anesthesia, the remaining monitors must be placed, including BP, electrocardiogram, temperature and nerve stimulator, if muscle relaxants are used.

3. An $ETCO_2$ analyzer must be reading from the time of induction.

Anesthetic Technique:

GENERAL: IV or inhalational induction.

MONITORED ANESTHESIA CARE: For older, compliant children.

REGIONAL: For select cases as determined by the anesthesiologist.

POSTOPERATIVE PAIN MANAGEMENT:

Need for analgesics following surgery depends upon the nature of the procedure and pain threshold of patient. Local infiltration of surgical site by surgeon should be encouraged to minimize the need for narcotics. Analgesics are ordered by the anesthesiologist.

PEDIATRIC WORK SHEETS:

Medication quick reference sheet is available on the pediatric cart to be used as a guideline.

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