

## Paediatric Pre-Assessment Network Guidance

**All children should receive preassessment prior to a general anaesthetic for an elective procedure.**

### Nurse led service

Effective for providing the majority of pre-assessment for children and young people.

Nurses to be **trained** in preassessment.

Clinical and governance support from anaesthetists.

**Timing** - at least 2 weeks prior to the day of surgery. Sufficient time to allow for assessments, investigations, optimisations and for families to assimilate information and ask questions.

Nurse led appointments **face to face** or **virtual**. Some children will need to be seen, for others, still offering the choice of face to face is best practise.

The preassessment pathway **MUST** include the opportunity for **physical assessment** and observations.

Build a relationship with the child and family to **allay anxiety**. Opportunity to meet hospital staff and tour the facilities (Virtual, e.g. little journey app, or make your own little video).

The preassessment pathway identifies children and young people who are fit to proceed for their procedure without further preparation.

Outline criteria to identify individuals who may require further preparation due to conditions that require:

- Assessment by consultant anaesthetist
- Assessment or input by a consultant paediatrician, such as for diabetes or obesity
- Anxiety or behavioural support requiring additional planning
- Discussion with clinical teams in specialist centres to consider referral there

Clearly document preassessment and should be available on day of procedure.

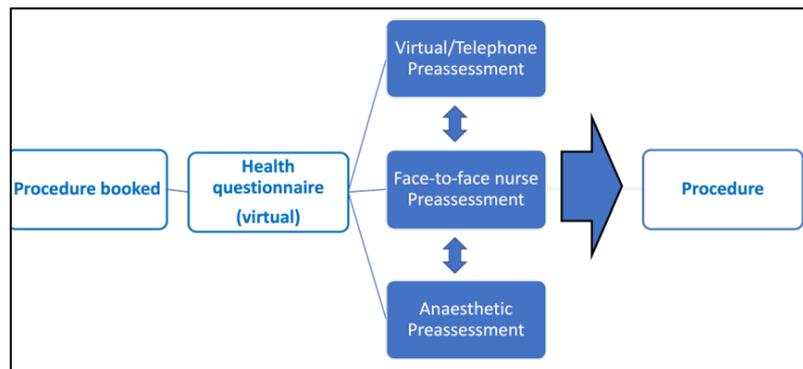
### Service Design

Digital health questionnaire to triage children and young people to the appropriate level of preassessment.

Nurse led preassessment service.

Consultant paediatric anaesthetist led clinic (for children identified as needing it).

Administrative support should be provided as part of the preassessment service.



All hospitals to have a clear policy on the elective procedures that they are able to deliver, and lower age limit for anaesthesia.

Appropriate environment, separate from adult services.

Children and young people with complex needs require early referral to preassessment to allow sufficient time for information gathering and optimisation.

### Consultant delivered Preassessment

Designated lead anaesthetist, with paediatric interest, for the preassessment service.

There should be specified and programmed clinical activity within their job plan.

Complex children should be reviewed and assessed in consultant led clinics. This could involve the MDT and shared decision making, including collaboration with specialist services.

Preassessment will inform the decision whether the child should have their care delivered locally or whether referral to the specialist centre is necessary.

### Face to face or virtual? Consider:

Access to transport      Distance from the hospital  
Importance of physical examination/investigations

Wider family support      Multiple other hospital attendance

### Behavioural Needs

Children should have access to play specialist and learning disability liaison nurses where it is considered important to care.

Preassessment should include assessment of behavioural needs, resulting in a personalised care plan.

Opportunity to coordinate health care needs of a child with learning disability. Check sight, hearing dental checks up to date. Coordinated distressing tests with the anaesthetic.

### Examination

All children should have routine observations at preassessment or on the day of their procedure:

- Weight, height, temperature, oxygen saturations, heart rate, BP (over 3 years)
- Airway assessment
- Routine auscultation of the heart (under 2s)
- Abnormal measurements should be discussed with the consultant anaesthetist
- Swab testing if required

### Anxiety Management

Assessment of anxiety and recognition of significant anxiety is part of preassessment.

Training in anxiety management strategies.

Access to play specialists to aid in preparation.

Physical or digital tours.

Individualised plans and coping strategies, including premedication options, optimising the environment position on the list, access to recovery for parent.

Address the needs of children and young people with autism and learning disabilities.

Support parents/carers to manage their anxiety.

### Outcomes of pre-assessment

Agreed shared plan between the child/ young person, parents and carers, and health care team, include; preferred induction of anaesthesia, analgesia, recovery.

### Information and Consent

Parent or person with parental responsibility to complete informed consent before day of surgery ideally.

Information should cover the procedure, the anaesthetic and analgesia and choices available.

Written information should be available- appropriate to age, language, culture, disability.

Translations services utilised where needed, and ensure cultural sensitivities are identified and addressed.

Should include full information on the risks of anaesthesia.

Consider the capacity of the young person. Young people between the ages of 16-17 years should sign their own consent forms.

### Investigations

Majority of ASA 1 or 2 children won't require investigations prior to surgery.

Blood tests only if felt really will alter preparations and opportunities for optimisation.

If major surgery and risk of significant blood loss, a full blood count and group and save should be sought.

Children and young people with significant comorbidities will have recent investigations reviewed by a consultant anaesthetist, who will consider the need to repeat them.

Pregnancy testing should be completed in all post menarchal females prior to anaesthesia.

### Health Promotion

*Make every contact count* - to give children and young people the healthiest start

Within preassessment consider giving advice, guidance and direct families to additional support on: immunisations, obesity, parental smoking, oral health, safeguarding.

**Family Feedback** should be collated to support quality improvement.

### Reference

Association of Paediatric Anaesthetists of Great Britain and Ireland, Best Practice Guidance: Preassessment Services for Children undergoing Surgery or Procedures, Spring 2022