South Thames Paediatric Network

Paediatric Preassessment

Commonly asked questions/concerns

Who will nurse preassessment training to be provided by?

The STPN intend to run a preassessment course in the Autumn of 2023, 2 virtual days.

How will the preassessment documents integrate with our hospital IT system?

It is crucial that service managers in paediatric and/or surgical directorates understand the value that preassessment adds, not only to the experience of the family, but to the safety of the patient and to the efficiency of the service. Their buy in will mean barriers, such as IT capability, will be more likely to be overcome, even when a cost is involved.

Adult preassessment services are much more standard, and each trust should have electronic preassessment documentation systems, that are perhaps adaptable to paediatrics.

The STPN documents are merely guidance, their contents should be considered as a prompt to include it in trust documentation.

There are too many time restraints for a Consultant Anaesthetist led clinic

Consultant anaesthetists aren't being asked to do this *as well* as their job, but *as part* of their job. They should have time, as part of their role, designated to preassessment. Again, it is important that managers understand the benefits of preassessment. A business case may be required to ensure that the service has: Consultant anaesthetist time, preassessment nurses, and admin/support staff.

Preassessment for complex children might be challenging and is reliant on specialist teams

Children and young people with complex needs do need an early referral to preassessment and this is reliant on speciality teams. Specialist teams will get used to the requirements of the preassessment service as their profile increases. You can encourage referring surgeons to refer immediately, on booking of a procedure, then the preassessment service can determine the timelines.

An MDT approach to decision making is often required for complex children, therefore these children will be reviewed and assessed in consultant led

preassessmenmt clinics. An MDT meeting may not need to be coordinated, but collaboration and shared decision making with specialist teams is important.

How does preassessment promote continuity, as the preassessment consultant anaesthetist often isn't the anaesthetist performing the procedure?

Perhaps the consultant isn't the same individual, but the child and family may see the preassessment nurse again as part of their journey. Anaesthetists within an organisation need to rely on each other, and they can do so when preassessment is performed in a structured way, and when communication channels are defined, and documentation of any preassessment plans are clear, and in a logical place, so the anaesthetising clinician will see them.

When preassessment recommends further investigations and assessment, who takes responsibility for following up on those? And for making the ultimate anaesthetic plan?

The preassessment team would take responsibility for these. A system is important for tasks that need following up on, a simple tasks book, action log or calendar can be effective. Preassessment teams are usually small.

Why doesn't the Triage Questionnaire cover all aspects of assessment of a child?

It is designed to 'sort' children into face to face vs. virtual clinics and nurse-led only vs. nurse and consultant-led clinics. The preassessment proforma should cover all necessary preassessment questions.