



Preassessment Service Design Support

South
Thames
Paediatric
Network

General Principles:

Please utilise the documents and guidance to support your service in a way that works for your Trust



Workforce:

- ❖ **Admin support** is essential. It ensures an efficient service, and is more cost effective than utilising nursing workforce for administrative tasks, allowing nurses to focus on providing a quality preassessment service
- ❖ **Nurses** however do need admin time to document and complete jobs; contact professionals, record information, collate further information (investigations/PMH from electronic records)
- ❖ Use creative ways to **increase your pool of nurses**, essential for AL/sickness cover. Ideas; rotate nurses between day surgery units and preassessment, or recovery and preassessment
- ❖ **Play specialists** can be an invaluable addition to the preassessment team, and can do much of the pre-operative work

Operational design

Patient vs professional numbers

- ❖ Assign patients to half hour or 1 hour nursing preassessment slots. Some patients can be preassessed in 10-15 mins, others take 45 mins-1hr
- ❖ Aim for a nurse to see approximately 8 patients over the day, this may be increased if the cohort of children are straightforward
- ❖ Consultant anaesthetists can see in less time, as nursing assessment does information gathering and focuses assessment. Can perhaps see 8 patients in a half-day session

Triage to virtual/phone vs. face to face

- ❖ Thresholds for seeing face to face will be different for different services, depending what capacity you have
- ❖ Try and bias towards nurses seeing their patients though, as the preparation for children is much more effective that way, a good physical assessment can be performed, and its often more rewarding work for the nursing team. Other advantages; access to a consultant can be organised, and play specialists too.
- ❖ If using an electronic platform for virtual preassessment: telephone or video platform- 'Attend Anywhere' works well
- ❖ Consider the family's ability to travel, can they get away from work? Have they had multiple medical appointments?
- ❖ Do you need bloods, or other investigations? Combine appointments.

Logistics

- ❖ Link patients into preassessment straightaway. Formalised pathway to refer patients, not in corridors/ by phone!!
- ❖ 2 weeks in advance minimum. Preassess complex patients (if relevant) further in advance, to allow time for optimization.
- ❖ Triage should be sense checked by nursing staff (compare parental questionnaire to electronic patient records)

Psychological Preparation

- ❖ Access to play specialist or nursing time allocated to preparation is an important part of preassessment.
- ❖ Resources for children and families- See RCoA materials
 1. [ReesBear.pdf \(rcoa.ac.uk\)](https://www.rcoa.ac.uk) (children up to 7 yrs.)
 2. [Dennis has an anaesthetic | The Royal College of Anaesthetists \(rcoa.ac.uk\)](https://www.rcoa.ac.uk) (7-11 yrs.)
 3. [TeenGuide2021web.pdf \(rcoa.ac.uk\)](https://www.rcoa.ac.uk) (Young people age 12 and above)
- ❖ Could you create an anaesthetic play corner?
- ❖ Can you provide bespoke virtual preparation?
 1. Make your own Video- See the ASPH You Tube Video as a good example
 2. My Little Journey app
 3. Xploro
- ❖ Consider 'Reasonable Readjustments' to your surgery pathways to support children with behavioural needs/ neurodiversity. See further STPN resources to support this.