Western Health and Social Care Trust

Policy for the Care of Children Perioperatively

July 2017

Policy for the Care of Perioperative Children

Policy Reference Number	MED13/003
Original Implementation date	April 2013
Revised Date	July 2017
Date of Review	July 2020 (or sooner if guidance changes)
Name of Responsible officer	Dr Patrick Stewart

1.0 INTRODUCTION

The needs of children undergoing surgery have been the subject of numerous regional and national guidelines and reports for some years. In a complex organisation such as this, it is important to ensure that children's particular needs are not overlooked and that the experience of children and their families is as good as it can be. This can be difficult when paediatric throughput represents a small proportion of individual directorates' activity, while at the same time constituting a much greater part of the overall organisation's workload. The Trust aims to provide care for children to the highest standard set against this policy, which seeks to reflect best practice and national guidance.

The purpose of the policy is to set out clear guidance together with compliance metrics so that Directors and Clinical Leads are enabled to demonstrate progress toward and compliance with best practice so that continuous quality improvement can be achieved. The policy is required to ensure that the needs of individual children are met irrespective of the specialty responsible for their care. It will be reviewed periodically by the Children's Perioperative Group which reports to the Quality and Standards Sub-Committee.

2.0 POLICY STATEMENT

The Trust is committed to providing safe, high quality care to all children admitted to its facilities, whether as inpatients, outpatients or having day case surgery. This applies equally to children admitted acutely or attending for elective procedures.

The Trust will ensure that all healthcare providers caring for children are appropriately qualified for their role, that they can identify any training needs and that they are supported in their efforts so to do.

The Trust will further provide oversight of its facilities to ensure that they meet with the highest standards or ensure that there is a plan for improvement for facilities which do not.

3.0 GENERAL PRINICIPLES

This policy aims to reinforce the following principles: access to care; safety; effectiveness; patient-centeredness; timeliness; efficiency and equity.

The Trust will provide surgical services for healthy, full-term children aged 6 months or older. Children with significant co-morbidities, or children who may pose anaesthetic or surgical problems, will be referred to the Royal Belfast Hospital for Sick Children.

Children will be cared for by professionals who have up to date qualifications in caring for sick children and a caseload appropriate to maintaining good practice.

Professionals will not be asked to undertake occasional practice. Care will be offered on a day case basis where possible and when children are admitted for an overnight stay, care will be shared between the admitting team and a named paediatric consultant on request.

Services will be centred on the patient's needs so that their experience is as positive as it can be throughout the journey from preoperative assessment to discharge.

Children and their families can expect their journey to involve child-only and child friendly admission, full involvement in the consenting process, care provided by practitioners confident and competent in managing children, separate recovery facilities and protocols (e.g. for acute pain – see pain assessment tool in Appendix 1), and written instruction relating to ongoing care once discharged.

Children will be allowed to wear their own clothes to theatre and to bring a toy or other comforter. Carers will be encouraged to be present at all times when their child is conscious.

Timely access to care will be provided in line with or better than regional waiting time targets. Rates of postponement and cancellation will be monitored and regularly audited by clinical leads.

The Trust is currently not resourced for 24-hour paediatric perioperative surgery. Therefore, except in emergency cases, or in exceptional circumstances such as trauma cases, paediatric operating will not take place out of normal hours. Staff undertaking out of hours cases are required to have the necessary expertise and experience in paediatric practice. Out of hours operating taking place when there are reasonable daytime alternatives constitutes a clinical incident, which must be reported through the incident reporting process.

To ensure quality assurance the perioperative committee will require departments to provide metrics continuously to demonstrate policy compliance and quality improvement.

The Western Health and Social Care Trust's equality and human rights statutory obligations have been considered during the development of this policy.

4.0 CONSENT

The Trust recognises principles of consent set out by statute and common law. Except in the case of an expressed parental objection, the principle of implied consent will apply for individual minor procedures and common investigations (such as blood tests or X-rays) which are integral to the patient's admission. This should be made clear to children and parents upon admission.

Children should be involved in decisions about their treatment or care as their understanding allows. By virtue of section 4 of the Age of Majority Act (Northern Ireland) 1969, people aged 16 are entitled to consent to their own medical treatment, and any ancillary procedures involved in that treatment, such as an anaesthetic. As for adults, consent will be valid only if it is given voluntarily by an appropriately informed individual capable of consenting to the particular intervention. Those aged 16 years or over are presumed to be capable of giving consent for themselves - as are younger children who are deemed to have sufficient understanding and intelligence to enable him or her to understand fully what is proposed.

Decisions on behalf of all other children should be made by someone with parental responsibility (unless, in an emergency, no such person can be traced).

Persons with parental responsibility should be involved even when a child can provide his/her own consent (unless the child specifically objects to this).

Only people with parental responsibility are entitled to give consent on behalf of their children. Not all parents have parental responsibility for their children (for example, unmarried fathers do not automatically have such responsibility although they can acquire it). The DHSSPS booklet – 'Seeking Consent – Working with Children', available in the Children's Units, on the DHSSPS website and in other wards and outpatients, provides more detailed information. If you are in any doubt about whether the person with the child has parental responsibility for that child, you must check. Advice is also available from the Head of Clinical Quality & Safety, Ext 214125.

Written information, for patients and parents, will be provided as part of the consenting process. This will include information on all routine procedures and anaesthesia.

5.0 RESPONSIBILITIES

5.1 Corporate Responsibility and Governance

The Trust Chief Executive, as Accountable Officer, has overall responsibility for ensuring the aims of this policy are met. This will be achieved through the work of the Children's Perioperative Group which will meet three-monthly to monitor policy compliance and to make recommendations for improvements. The group will also ensure that individual departments and disciplines carry our regular audit and morbidity reviews to assure the quality of the service.

In the future, this Group will take forward other initiatives such as regional networking, management of the head injured child, management of track and trigger systems for deterioration and implementation of the Trust's fluid policy for children.

The Trust will ensure that facilities, equipment and systems are in place to deal with the needs of children including:

- The provision of child-safe, child-only and child friendly facilities;
- The establishment of preoperative assessment and information for children;
- The provision of safeguarding training for professionals;
- Sensitive risk management structures, including feedback to professionals;
- Protocols for the management of conditions such as diabetes and acute pain;
- Protocols for the management of head injuries in children.

Paediatric operating will be confined to sites which are deemed suitable by the Peri-Operative Group. Children's lists will occur in units without onsite paediatric inpatient facilities only as part of a formally outreached arrangement.

5.2 Clinical Leads and Directors

5.2.1 Anaesthesia

The Clinical Lead for anaesthesia will ensure that:

- Their provisions meet the requirements set out in the document "Guidance for the Provision of Paediatric Anaesthesia Services" (Royal College of Anaesthetists http://www.rcoa.ac.uk);

- When deficiencies in their service are identified, they will bring these forward through the Children's Perioperative Group or the Trust's reporting procedures as appropriate;

- There is regular paediatric audit and mortality and morbidity data reflecting the throughput of the department;

- Clinicians who anaesthetise children are regularly offered opportunities for continuing professional development. This should include refresher visits to larger centres;

- There is adherence to a policy for the inter-hospital transfer of critically ill or injured children;

- They clearly designate prospectively which consultants will have responsibility for children and which will not. This should be based on ongoing experience, caseload and the parameters set out in professional guidance;

- There is prospective agreement between teams regarding anticipatable issues e.g. agreed minimum ages to undergo treatment on certain lists;

- Job planning reflects individual training and service needs including time for pre-operative assessment;

- All anaesthetists comply with the Trust's safeguarding policies;

- Protocols will be drawn up and introduced for the management of acute pain, including in the recovery ward;

- A senior anaesthetist will attend the Children's Perioperative Group meetings on a three monthly basis.

5.2.2 Clinical Leads for Surgery (Including Specialist Surgery)

Clinical Leads for surgery will ensure that:

- Their service meets the requirements set out in "Surgery for Children. Delivering a First Class Service," Royal College of Surgeons of England 2007;

- Any deficiencies in their service are identified and that they will bring these forward through the Children's Perioperative Group or the Trust's incident reporting procedures as appropriate;

- Regular paediatric operating audit and mortality and morbidity data is undertaken;

- Children scheduled to have surgery are segregated on child only lists. Where this is not feasible, for example for reasons of throughput, then children will be grouped at the beginning of operating sessions;

- As far as possible, children will be cared for on a day case basis;

- There is consistency and compliance with the provision of written information, for patients and parents, being provided as part of the consenting process;

- Surgeons undertaking children's surgery will demonstrate, by way of the appraisal process, their qualifications / experience to do so;

- Surgeons are supported in any reasonable efforts to pursue continuing professional development including training, networking and visits to other centres;

- All surgeons directly caring for children (especially emergency) have a minimum training in basic paediatric life support and recognising the deteriorating paediatric patient;

- All surgeons comply with the Trust's safeguarding policies;

- A senior surgeon will attend the Children's Perioperative Group meetings on a three monthly basis.

5.3 Lead Nurses and Nurse Managers

Nurse Managers and Lead Nurses will ensure that:

- Facilities are child and family friendly and that inappropriate mixing of adults and children does not occur;

- There should be at least two Registered Children's Nurses (RN child) on children's wards every shift and at least one Registered Children's Nurse (RN child) in theatre and recovery every shift;

- All Registered Nurses caring for children have up to date resuscitation skills. As a minimum this should include the one day PLS course provided by the Trust;

- Nurses assisting the anaesthetic team will undergo additional training to enhance their role;

- All Registered Nurses involved in the care of children adhere to the Trusts Safeguarding Policy;

- All Registered Nurses regularly update their skills in recognising the sick child and basic life support;

- All girls who have commenced menstruation will provide a sample of urine for pregnancy testing;

- A senior children's nurse will attend the Children's Perioperative Group meetings on a three monthly basis.

5.4 Pharmacy

The Head of Pharmacy for the Trust will ensure that:

- A Clinical Pharmacist normally has responsibility for all inpatient facilities where children are routinely admitted;

- There is oversight of all medications prescribed and dispensed to day case patients and discharged inpatients;

- Deficiencies in their service are highlighted to the Children's Perioperative Group or through the Trust's incident reporting procedures as appropriate;

- All Clinical Pharmacists pay particular attention to recognising high risk medications and the Trust's Intravenous Fluids Policy;

- A Senior Clinical Pharmacist will attend the Children's Perioperative Group meetings on a three monthly basis.

5.5 Responsibilities of Individual Professionals

Individual Practitioners will ensure that:

- Their practice meets with standards set out in national guidance from their respective professional bodies;
- They take steps to ensure that their qualifications and caseload are compliant with this and other Trust policies;
- Where deficiencies are identified, they will take these forward via their Clinical Lead, Line Manager or the Trust reporting system as appropriate.

5.6 Pre-Operative Assessment Service

The Pre-Operative Assessment Service will:

- Offer pre-assessment for children. In only a minority of cases will this require attendance at hospital;
- Offer Information relevant to the patient's anticipated experience;
- Highlight service deficiencies to the Children's Perioperative Group of through the Trust's reporting systems as appropriate;
- Ensure that children are cared for in a child and family friendly way when attending.

5.7 The Children's Perioperative Group

The Children's Perioperative Group will:

- Meet every three months to address concerns and plan a strategy for the way forward;
- Ensure representation from all disciplines involved in the care of children Perioperatively;
- Monitor metrics concerning throughput, scheduling of children and feedback from clinical needs;
- Review guidance from time to time to ensure best practice;
- Quality assure services, premises and theatres with a view to maintaining the highest levels of care for children.

5.8 Paediatric Medical Staff

For clarity, surgical teams will remain in charge of and accountable for their patient's care whether as an outpatient, day case or as an inpatient. Paediatrics will ensure;

- They will be available to give clinical advice outside the normal scope of surgical teams
- That they act collaboratively with surgical colleagues when dealing with ill children perioperatively, or in emergency clinical situations.
- Will provide representation on the perioperative group to help shape future best practice.

6.0 OTHER POLICIES TO BE READ IN CONJUNCTION WITH THIS POLICY

Other Trust policies which need to be considered when caring for children perioperatively include:

- Fluid Management Policy
- Paediatric Resuscitation Policy
- Safeguarding Policy

7.0 REFERENCES

Guidance for the Provision of Paediatric Anaesthesia Services, Royal College of Anaesthetists (http://www.rcoa.ac.uk)

Surgery for Children, Delivering a First Class Service, Royal College of Surgeons of England, 2007

Facing the Future, Standards for Paediatric Services, Royal College of Paediatrics and Child Health, 2010

Guidance for the Provision of General Paediatric Surgery in Children, DHSSPS, May 2010

Guidance for the Provision of ENT Services for Children, DHSSPS, May 2010

Equality and Human Rights

EQUALITY AND HUMAN RIGHTS STATEMENT: The Western Health and Social Care Trust's equality and human rights statutory obligations have been considered during the development of this policy which is based on evidence based standards for the care of children perioperatively.

APPENDIX 1

Pain Assessment

0	=	no pain
1 - 3	=	mild pain
4 - 7	=	moderate pain
8 - 10	=	severe pain

FLACC

SUGGESTED AGE GROUP: 2 months to 7 years — **Behavioural**

CATEGORIES	SCORING 0	1	2
Face	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant quivering chin, clenched jaw
Legs	Normal position or relaxed	Uneasy, restless, tense	Kicking, or legs drawn up
Activity	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	Arched, rigid or jerking
Cry	No cry (awake or asleep)	Moans or whimpers, occasional complaint	Crying steadily, screams or sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging or being talked to, distractible	Difficult to console or comfort

Each of the five categories: **(F)** Face; **(L)** Legs; **(A)** Activity; **(C)** Cry; **(C)** Consolability; is scored from 0 - 2 which results in a total score between 0 and 10 *(Merkel et al, 1997)*

Wong & Baker

SUGGESTED AGE GROUP: 4 years and over — **Self-report**

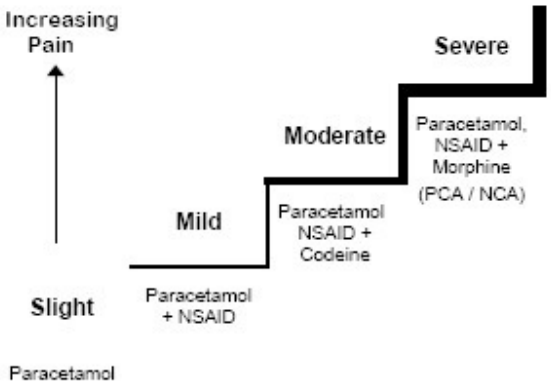
Point to each face using the words to describe the pain intensity. Ask the child to choose a face that best describes their own pain and record the appropriate number overleaf. *(adapted from Wong & Baker, 1988)*

VAS

Self-report

Analgesic interventions

Analgesic ladder



NB: ■ *Check 'British National Formulary' for contraindications / interactions / precautions etc*

PCA / NCA / Epidural patients

0	No pain *	
1 - 3	Mild pain *	
	NCA	- give bolus (10 mins before activity)
	PCA	- encourage bolus (10 mins before activity)
4 - 7	Moderate pain *	
	NCA	- give bolus
	PCA	- encourage bolus
	EPIDURAL	- contact Pain Service
8 - 10	Severe pain *	
	NCA, PCA, EPIDURAL	- contact Pain Service

* Ensure supplementary analgesia is given (paracetamol + an NSAID if appropriate)
NB: No codeine