Supporting Pediatric Patients and Families During Surgical Experiences

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Definition of a Child Life Specialist

Certified Child Life Specialists help infants, children, youth and families cope with the stress and uncertainty of acute and chronic illness, injury, trauma, disability, loss and bereavement. They provide evidence-based, developmentally and psychologically appropriate interventions including therapeutic play, preparation for procedures, and education to reduce fear, anxiety, and pain.

The Role of a Child Life Specialist in a Surgery Center

• Preparation
• Comfort Measures
• Procedure Support
• Family/Sibling Support
• Education
• Therapeutic Interventions
• Coping Assessment
• Meeting Developmental needs
• Medical Play

Preparation

The process of communicating accurate and developmentally appropriate information, identifying potential stressors, as well as planning and practicing coping strategies.
Preparation

**General tips:**

- Talk only about what a child will be awake for and what they will remember
- Use short and simple words that a child knows, understands and comprehends
- Give honest answers to a child’s questions

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**Preparation Infants & Toddlers**

- Well informed parents are calm parents.
- Encourage parents to bring/have a child’s favorite item(s) from home.
- Ease a child’s fears by utilizing modeling.

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**Preparation Preschool Aged Children**

- Preparation is beneficial starting about 3 days before surgery
- Encourage the use of medical kits
- Encourage the child pack favorite things to bring
- Take a hospital tour, if possible
- Inform parents, again, a child looks to their parents for reassurance and comfort

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**Preparation School Aged Children**

- Preparation should take place about one week before surgery.
- Allow a child time to think about the preparation, to formulate questions
- Take a hospital tour, if possible
- Have the child plan what to bring
- Inform parents
Preparation
Adolescents

• Involve an adolescent as much as possible
• Explain why the surgery or treatment is needed
• Be well-informed when talking with adolescents, and offer helpful and appropriate details
• Be aware that many adolescents search the Internet
• Be calm
• Encourage adolescents to ask questions and help make decisions as appropriate
• Respect an adolescents need for privacy
• Give him or her time to think and ask questions

Preparation
Medical Play Kits
- Mask Induction
- PIV Induction

Preparation
Providing parents with resources:
• Hospital website
• Encourage bringing comfort items from home
• Have a conversation about their child’s previous healthcare experiences

Comfort Measures
Comfort Holds
- Swaddle
- Side sitting
- Side by side
- Chest to chest
- Chest to back
Comfort Measures

Comfort Items

- Blanket
- Stuffed Animal
- Phone/Tablet

ONE VOICE

- O - One voice should be heard during the procedure
- N - Need for parental involvement
- E - Educate about the procedure and what’s going to happen
- V - Validate child with words
- O - Offer the most comfortable, non-threatening position
- I - Individualize your plan
- C - Choose appropriate distraction
- E - Eliminate unnecessary staff that are not actively involved

Comfort Measures

Choices

Offer appropriate choices regarding the situation, this allows the patient to feel some sense of control.
Comfort Measures  
Language

What to Consider:

• Use a calm, unhurried, confident voice
• Avoid expressions with dual meanings
• Try to be at eye level with the child
• Speak to them (when appropriate)
• Speak in an appropriate tone that matches the environment

What to Avoid:

• Do not promise what you can’t do, do not make promises you can’t keep
• Do not mislead or misinform a child
• Use your judgment, choose your words carefully and be as gently honest as possible

Considerations in *choosing* language

SHOT / NEEDLE
Poke

Strong

BURN

Operating Room Table
Bed

OR

Next room/clean room

Procedure Support

PPI (Parent Present for Induction)

Transitional Location
Parental presence during anesthesia induction is a common intervention offered for a child’s preoperative anxiety. Parental presence has the benefit of decreasing separation anxiety and the need for premedication. More than 40% of hospitals in the United States have a policy allowing or encouraging parents to be present. (Stanard & Krenzischek, 2012)

A parent can stay with a child only if:
- The surgery center has a policy that allows it
- The child’s age meets the rules at that center
- There are no concerns that may affect a child’s safety
- Families have talked to the anesthesiologist about it

Consider designating a location in between preop and the OR as a transition/separation period for children and their families.
Procedure Support
Distraction Techniques

Distraction can ease stress and pain by helping a child focus on something besides the procedure and the situation.

Family Support

Support family members through:
• Helping parents/caregivers understand their child’s behavior in the healthcare setting
• Helping parents/caregivers learn how to support their child during experience
• Helping siblings understand illness and the effect it can have on them

Sibling Support

• Including siblings in the experience
• Educating siblings
• Answering sibling questions
• Providing toys/activities to promote normalization
What if I wake up?

“The sleep doctor has a really important job of keeping your body comfortable and sleeping during your procedure. The numbers on the screen tell us about your body and the sleep doctor watches those numbers very closely to keep you comfortable.”

Is it going to hurt?

“You know, I’m not sure how it’s going to feel for you. Some kids tell me it feels like _____ and other kids tell me it feels like _____ . I wonder if when it’s over you can tell me how it feels for you so that I can help other kids.”
When can I go home?

“You can go home when the doctor says it’s safe for you to do so…”

Remember!

Patients and their families may have had previous experiences that may influence their reactions!

References


Questions?