Kids in Recovery

It’s a Challenge

By

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The Balancing Act

Good Outcomes

- Developmental stage of the child
- Type of Anaesthesia
- Type of Surgery
- Experience of the nurse
In Recovery, the focus of care should be the airway & providing support for the respiratory system. Use oxygen via mask & maintenance of a patent airway are the first priorities.

Different units have different policies regarding extubation or removal of LMA’s by nursing staff in Recovery, be guided by the practice of your organisation
Head to Toe Assessment

- Once airway patency has been established or during handover from the anaesthetist, a head to toe assessment of the child should be made.

- Airway, Vital signs, wounds/dressings, IV lines (patency & security), response to vocal or tactile stimulation.

- Ensure security & safety of the bed.
Monitoring

- Routine Monitoring: Oxygen Saturations (use ear probes) but BP & ECG maybe used. Resp rates (quality of resps) & Temp are also required.
- Age changes what is “Normal”, Remember to compare with pre op obs.
- Timing of obs- 5-10 minutely.
“But kids go off so quickly...”

- A deteriorating paediatric patient doesn’t just happen- there are signs of impeding doom-
- Nasal flaring, use of respiratory accessory muscles, rate & depth of respiration
- Heart rate is also affected- bradycardia should be treated with oxygen for hypoxia, heart rate increases if the child is struggling
Analgesia

- In PACU choices for analgesia include parental opiates, regional anaesthesia, oral analgesics such as NSAIDs, Opiates & Paracetemol.
- Multi modal treatment of pain is effective. Paracetemol is effective as a pre-emptive analgesia prior to surgery
Pain Assessment Tools

PAIN MEASUREMENT SCALE

0 NO HURT
1 HURTS LITTLE BIT
2 HURTS LITTLE MORE
3 HURTS EVEN MORE
4 HURTS WHOLE LOT
5 HURTS WORST

No pain Mild Moderate Severe Worst pain

LEGO PAIN ASSESSMENT TOOL

0 NO PAIN
1 MILD PAIN
2 MODERATE PAIN
3 SERIOUS PAIN
4 SEVERE PAIN
5 WORST PAIN POSSIBLE

Alertness
No moaning
Can be ignored
Interferes with tasks
Interferes with concentration
Bridged eyes
Agrressive screams
Face changed beyond recognition

No pain
Mild pain
Moderate pain
Serious pain
Severe pain
Worst pain possible

Death imminent
## FLACC Pain Score

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Finding</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face</td>
<td>No particular expression or smile</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Occasional grimace or frown withdrawn, disinterested</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Frequent to constant quivering chin, clenched jaw</td>
<td>2</td>
</tr>
<tr>
<td>Leg</td>
<td>Normal position or relaxed</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Uneasy restless tense</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Kicking or legs drawn up</td>
<td>2</td>
</tr>
<tr>
<td>Activity</td>
<td>Lying quietly, normal position, moves easily</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Squirming, shifting back and forth, tense</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Arched rigid or jerking</td>
<td>2</td>
</tr>
<tr>
<td>Cry</td>
<td>No cry (awake or asleep)</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Moans or whimpers occasional complaints</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Crying steadily, screams or sobs, frequent complaints</td>
<td>2</td>
</tr>
<tr>
<td>Consolability</td>
<td>Content relaxed</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Reassured by occasional touching hugging or being talked to, distractable</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Difficult to console or comfort</td>
<td>2</td>
</tr>
</tbody>
</table>

FLACC: Face, legs, activity, cry, consolability
Treatment

- While monitored in PACU, parental opiates is an option. Fentanyl is the drug of choice in children. There is a decrease histamine release, fewer haemodynamic changes, reasonably short $\frac{1}{2}$ life but is more potent.
- Boluses are useful to get on top of pain
- Oral analgesics such as Paracetemol & NSAID’s are great for managing mild-mod pain. These drugs work well with opiates, such as fentanyl, meaning smaller opiate doses.
Parents in Recovery??

Once airway is deemed patent & unlikely to obstruct, a parent maybe invited into recovery to be with their child.
This reduces anxiety in the parent & the child.
It allows the nurse to gauge pain levels & use the parent’s knowledge of their child to make treatment decisions which engages the parent.
Emotional needs

- Kids are highly emotional when separated from parents.
- Swaddled babies, offer their dummies, pick them up & cuddle them until parents arrive. It helps to relax the child.
- If child is too large to pick up & carry, rub their back, speak in a soothing voice.
- Keep their special toys with them
Know the developmental stage they are at...

- Knowing approximately the child’s developmental stage assists in PACU
- Does the child still have an day time sleep? When? Will recovery overlap with this?
- Is the child attached to a special toy?
- Is the child scared of strangers (often around 2yrs)?
- Does the child talk? Have they any developmental delays?
Food in PACU?

- Lemonade Icy Poles are a winner. Can be used as bribery in older children, can be used as a pain assessment tool, but ultimately it ensures some hydration, a bit of sugar & a “reward” for having an operation.
- Can be used in kids over 12months, babies should be fed at earliest opportunity
Discharge from PACU

Advances in drugs & technology mean that operations are quicker & less invasive.

There still remains a need for the child to meet certain criteria for discharge from PACU.

These include:

- Alert, easily rousable child
- Has protective airway reflexes
- Strong muscle strength
- O2 Sats above 95%
- Normal temp
- Pain adequately managed
- No PONV
- No signs of bleeding
- Stable vital signs