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DESIGN AND IMPLEMENTATION OF AN ELECTIVE PERI-OPERATIVE PATHWAY FOR CHILDREN AND YOUNG PEOPLE (>3 YEARS OLD) WITH SIGNIFICANTLY CHALLENGING BEHAVIOUR IN A TERTIARY CHILDREN'S HOSPITAL

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Background / Context

Neurodevelopmental disorders are common in children and young people in the UK, with a reported prevalence of autism spectrum disorder of 1% (1). In our experience, most children with behaviour requiring adjustment to care (including those with neurodevelopmental disorders and learning disabilities) are well managed by pre-established practices at Alder Hey, with low cancellation rates and excellent parental/staff feedback. There is a consensus however, that the creation of a peri-operative pathway for children with significantly challenging behaviour will help further improve patient and parental satisfaction and improve efficiency of the peri-operative process for this patient group.

Problem

Stressful hospital experiences including induction of anaesthesia is a known cause of postoperative behavioural changes, including enuresis, night-time crying, general anxiety and temper tantrums (2). Restrictive intervention is defined as "any method which involves some degree of direct force to try and limit or restrict movement" (3). This can not only physically harm a patient, but also damage the young person's future relationship with healthcare providers and undermine trust in medical professionals (4). As such, it should only be utilised as a last resort after all other appropriate management options are exhausted.

Strategy for Change

The aim of the guideline is to streamline the elective peri-operative management of patients with behaviour that requires a significant adjustment to ensure safe and effective care. Referrals are made to a liaison anaesthetist via a dedicated email address. A pre-operative telephone appointment aims to:

- Gain greater understanding of how patients' behaviour will be affected in the peri-operative period
- Understand any exacerbating/relieving factors to improve patient comfort
- Investigate need for any additional staff/resources to facilitate patient admission
- Liaise with referring clinicians to allocate sufficient list space to accommodate patients' needs

- Discuss options for induction, maintenance, and emergence from anaesthesia (including route/administration/effects of a range of sedative premedications) with the parents/patient. Where physical intervention is a possibility, a detailed plan for this will be made and retained as a measure of last resort, with practices for its avoidance enacted in the first instance.

- If a patient requires substantial adjustments to care, an MDT may be organised to further plan peri-operative management.

Measure for Improvement

Implementation of this pathway has resulted in successful general anaesthesia and completion of necessary procedures in patients for whom it has been previously unsuccessful. A patient / parent satisfaction survey will be distributed and audited in 12 months.

Lessons Learnt

Good communication and MDT planning improves the patient pathway in those who require a significant adjustment to care.

Message for others

Implementing a robust referral system to identify children who require support with regard to severe anxiety or challenging behaviour has advantages in patient / parent and staff satisfaction, and list efficiency.

References

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