NHS
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Standard Operating Procedures

Managing Anxious Children and Young People for Surgery.

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Approved by:	**Paediatric Governance Meeting**
Approved by Medicines Safety Committee: *Where medicines included in guideline*	**All Medications referenced within this SOP have been approved in separate guidelines by the MSC This document was approved at MSC 11/09/2024**
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Date of Review: This is the most current document and is to be used until a revised version is available	**21st August, 2027**

Aim and scope of Standard Operating Procedure

The aim of this SOP is to provide structure and an escalation process for managing anxious Children and Young People admitted for surgery.

Anxiety that is recognised and treated leads to lower post-operative anxiety and pain being experienced.

Abbreviations
PPOA – Paediatric Pre-Operative Assessment
CYP – Children and Young Person/People
HPS – Hospital Play specialist
Pre Med – Pre – medication – Medication given to relax –reduce anxiety before a surgical procedure.

Target Staff Categories

All Paediatric staff
All surgical teams performing Paediatric surgery
All Anaesthetists

Key amendments to this Standard Operating Procedure

Date	Amendment	Approved by:
21/08/2024	First Document Approved	Paediatric Governance Meeting

Contents

1. Details of SOP

Anxiety presents in different ways for each child. DOH (2003) suggest involving patients in their treatment and condition reduces anxiety. This should be done in an age appropriate way, using age appropriate language for the CYP.

Wherever possible the CYP will have a Pre-operative assessment and this will include questions to the CYP and or parents around managing anxiety: Link to PPOA Guideline here

Signs of anxiety may include:

- CYP may be very withdrawn or occasionally agitated
- CYP may report feeling anxious
- Known behavioural issues

Parents should be asked about:

- Previous surgery and how the child reacted
- How the CYP reacted to vaccinations
- Learning disabilities, neurodivergence
- If there are any triggers for anxiety, for example loud sounds / needles etc.

Children or Young People with significant anxiety should be escalated to the anaesthetist (wah-tr.GASRota@nhs.net) and Ward (to request a side room), KTC quiet space.

Where restrictive physical intervention (i.e. clinical holding) during GA is a possibility then this should be explained to the parents.

Appendix 1 gives guidance on steps to manage the CYP with anxiety about the upcoming procedure intended.

Advise the parents about techniques that can be used to manage the CYP fears and anxieties and encourage them to practice these techniques to work out which ones work best and can be used at the time to coach the CYP (please see **appendix 2**).

2. Parental resources

During pre-assessment parents will be directed to resources to help explain the admission and anaesthetic process. These are given in **Appendix 3** and are available in the KTC and WRH Surgical admission leaflet.

3. Digital Resources:

Riverbank have VR headsets that are safe to use in clinical areas. The play team will facilitate this resource. Where the play team are not available – the nursing team will be able to provide this.

Little Journey App:
This is a free app. It has distraction games and relaxation games. They are designed to be played with one hand to allow procedures to be carried out. Although not specifically designed for our trust the games can be accessed.

4. Admission of a child or young person with anxiety

CYP with anxiety should:

- be operated early on
- be offered a quiet area or side room
- be looked after by a consistent nurse
- be introduced to play therapist early on
- have observations (i.e. blood pressure) taken only if they can tolerate them – If baseline observations not taken this must be clearly documented in the notes as to why observation not taken, and Surgeon/Anaesthetist informed.

Some CYP require detailed information. Other children do not want to know all the details. It is helpful to ask how much information the CYP would like before giving explanations. Positive and reassuring language should be used.

If at any point during the process of managing the anxious CYP, a member of staff and/or Parent and/or CYP says to 'stop' and feels the process has passed a point of all reasonable adjustment **the process is stopped and the situation re assessed.**

5. Pre-medication

Anxiolytic pre-medication may be utilised. Type of pre-medications are described in a separate Anaesthetic Key Document *'Paediatric Preoperative Anxiolytic Medication'.*

6. Transfer to theatre

CYP with anxiety should be managed in a clinical area (i.e. ward / anaesthetic room). This includes any medical interventions (excluding emergency scenarios)

Special emphasis on communication, remembering the following points:

- Staff should aim to build rapport with CYP and accompany them to theatre
- Children actively involved in decision making will be less anxious
- Language used should be positive and reassuring
- Questions should be posed to enable a positive response

Theatre preparation

- Theatre should contain only essential staff members
- Lights should be turned to low settings
- Medical equipment which could induce anxiety should be hidden from view

7. Excessive anxiety – not managed by routine/normal reassurance

If a child or young person, despite premedication and reassurance, cannot transfer to theatre or co-operate with anaesthesia this should be recognised. This will enhance trust and rapport. Alternative strategies may be considered:

- *Further pre-medication on ward*

Another dose of a different pre-medication may be administered on the ward. This may include intra-muscular administration in some select circumstances.

- *Postponement of surgery*

If surgery can be safely postponed, then this may allow time for psychological preparation and planning, even if only for a few hours.

- *Cannulation on the ward*

A CYP may comply with cannulation on the ward in a less threatening environment. IV anxiolytic premedication can be administered to facilitate anaesthesia.

- *Restrictive Physical Interventions*

This is beyond the scope of this SOP and guidance is given in the Royal College of Nursing Document in the references.

There are several good practice points which should be followed:

- An ethos of caring and respect where restriction is a last resort
- Ensure alternative strategies have been explored
- Openness about who decides what is in a CYP's best interest, where possible with agreement of CYP and their parent/guardian

- A clear mechanism for staff to be heard if they disagree with a decision
- A policy in place which sets out when restrictive physical intervention may be required
- Discuss with a CYP and their parent/guardian about what will happen during restrictive physical intervention, and for how long
- Ensure any holding is the least restrictive option and for the minimum amount of time
- Explain to parents their roles in supporting the child and provide support
- Ensure any physical holding is fully documented in the CYP care plan and notes

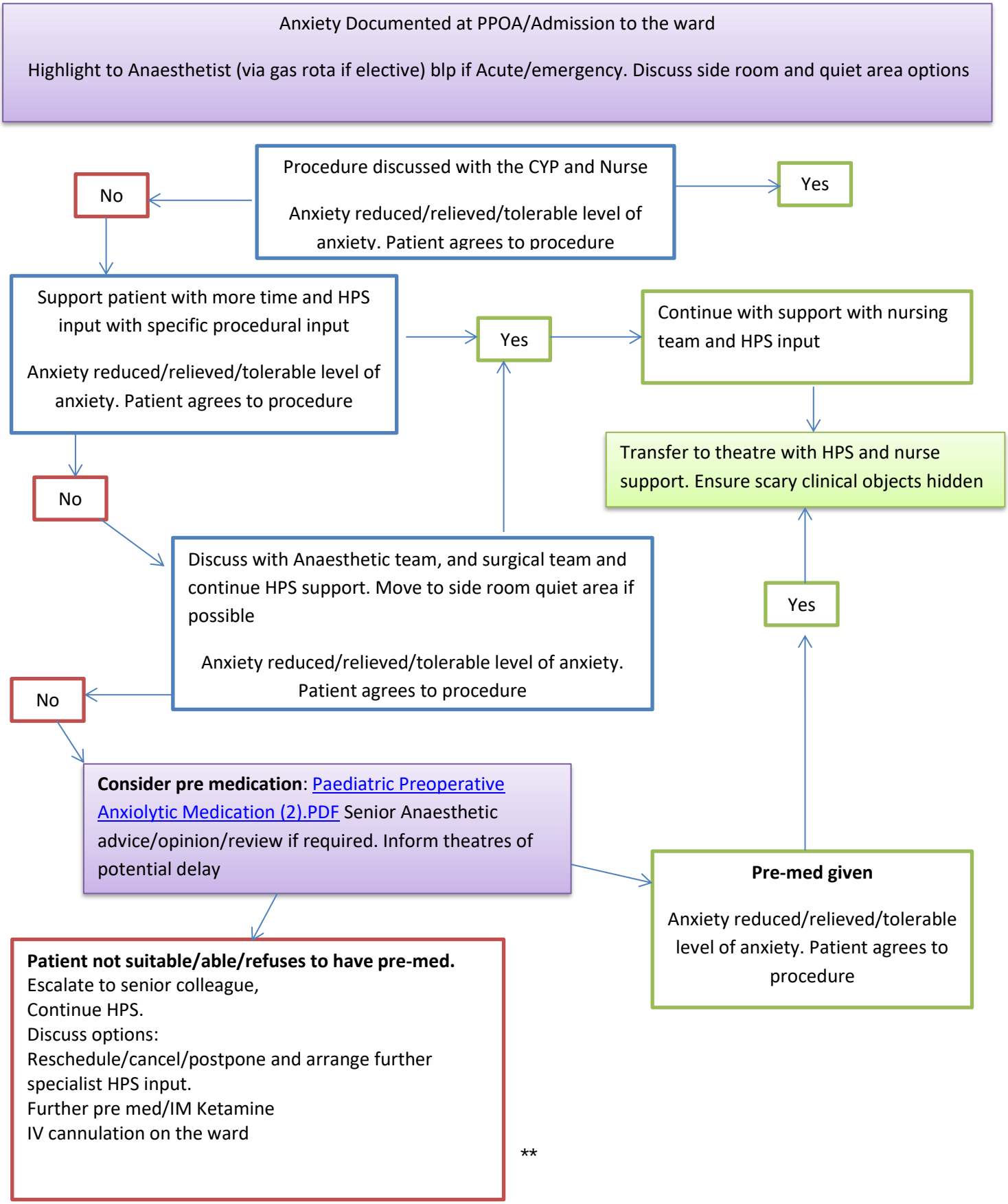
8. After the procedure

Nursing and HPS support should continue post procedurally to provide the closed loop support and prepare the child for any further interventions they may need.
It is good practice for the anaesthetist to visit the CYP and their parent/guardian after the procedure to answer any questions. This is especially important where restrictive physical restraint was required and the CYP should be comforted and offered an explanation regarding what was necessary and why.

9. Referral to play specialist

There is not a dedicated Play specialist referral team for surgery, but if you believe a CYP will benefit from a tour of the ward prior to admission this can be arranged. Play specialists work on the ward 7 days per week and will provide play therapy on the day of admission.

Appendix 1. Flow Sheet to demonstrate pre-operative anxiety management



Appendix 2. Techniques which may help to reduce anxiety

Active involvement: Some children can feel a greater sense of control over what is happening to them if they are actively involved in the procedure. For example, they might unwrap equipment.

Distraction**:** The aim is to shift attention away from the distressing aspects towards more interesting and pleasant experiences. The distraction is best when it is interactive and varied. You might decide to draw on several techniques or approaches. Some techniques also involve keeping the child's breathing normal and regular. It is important that the distraction is appropriate for the child's age. Examples are books, party blowers, bubbles, deep breathing, electronic toys, hand held computers or games, quizzes, counting, memory games, action rhymes, kaleidoscopes etc.

Breathing: These approaches help the child manage discomfort since calm breathing can have a powerful effect on physical and emotional reactions. For example the child can "blow away the pain" by imagining a birthday cake with candles. The child uses a slow, steady breath to blow the candles out. Blowing bubbles or party poppers can help maintain a child's regular breathing to relieve discomfort, pain and anxiety while also adding an element of fun. Bubbles should not be used unless this has been agreed with the person carrying out the procedure.

Holding and positioning: some children find it helpful to be held in a comfortable position, to help them feel more secure. It is usually best if the parent holds the child. Holding is a way of comforting the child and helping them maintain a good position, done in a firm, calm way. (If you do not feel able to manage this, then talk through who is the next best person with the team). This can also help keep them in a good position for the procedure itself. The evidence is that children may experience less distress if held in an upright position by parents rather than lying flat – make sure that this is discussed with the team since some procedures must be done lying down.

Holding is *not* the same as restraint. Holding *avoids* the use of force. On occasion it is necessary to use restraint – this should be negotiated in advance with parents and it should be clear whether the parent will be involved or not, should it be required. The parent should not automatically be expected to restrain their own child, although the parent (and their child) may prefer to be involved directly. The parent may decide to talk about this with thier child, by thinking with them about what they would prefer to happen if they cannot manage to put their prepared plan of action into action on the day. It is also important to take into account the child's ability to consent, since it may not be appropriate to restrain an older child who is clearly indicating that they do not agree to the procedure. If restraint is used and the child has experienced high levels of distress this can lead to further problems with procedures in the future.

Relaxation: relaxation helps children to gain some control over the symptoms of physical arousal brought on by fear or anxiety, by breathing slowly and releasing muscle tension. Simple approaches include pretending to be a rag doll or a soldier puppet whose strings have been cut. Play Specialists can also help children develop more sophisticated techniques included guided imagery, if that is required.

Use of touch: very small children and toddlers usually like to be touched for comfort. Some older children also enjoy this. Patting, stroking and rubbing can provide a physical distraction and an alternative rhythm and focus, as well as comfort. Another approach is to have lotion massaged into their skin.

Remember that if children want to make noises during a procedure, even shouting, this is OK. Some children find this helps them.

Use of sound: music and singing can be used to promote relaxation and a sense of control. They can also be used as a distraction and can add familiarity to an unfamiliar setting. Music via a headset can be used.

Live rehearsal and imagined rehearsal: It is often very helpful to arrange practice sessions with a child, to help prepare them for a planned procedure. Remember, things that are familiar are less scary than the unknown. Consider using books or games, play materials, or drawings, to make the procedure more familiar. This will also promote a sense of having some control over what is happening.

Using rewards: It is always important to reward the behaviour that we want to see more of – coping well. Always praise a child for making efforts to learn good coping techniques. It can be helpful to agree with the child they will have a special reward after the procedure, for coping with it. It does not matter if they did not manage all their practiced techniques, so long as the procedure went ahead. You are rewarding them for having coped. Remember, the reward should always be given <u>after</u> the event – <u>not</u> before (bribery before the event is not effective and you risk rewarding delay or refusal).

Keeping parents worries separate: Watching your child having an unpleasant procedure, and seeing them distressed or in pain, is unpleasant for all parents. However, it is important that the parent try to keep your own upset separate, and focus on helping them cope, at the time. After the event the parent may need some time, possibly away from the child, to recover.

Ref: Griggs Hilary. Information and advice for parents in preparing children for invasive procedures or surgery.

Appendix 3. Parental Resources

General Anaesthesia: A brief guide for Children and Young People from 12 yrs old

Rees Bear has an Anaesthetic

Link to Widgit Health – document to show day case process in pictures

Sarah's Journey WRH Theatre Journey: You Tube Link

Mickey's Journey KTC Theatre Journey: YouTube Link

Parents Mental Health Support – Anxiety

YOUNGMINDS

Young Minds Website for Young People

YOUNGMINDS

NHS Anxiety in Children

NHS

Glossary of Terms and Further liked information

‘Patient agrees to procedure’

Formal consent for the procedure will be gained by the operating surgeon, and following the will be obtained and followed by the trust Guidance ‘Consent to treatment’ : index

In terms of this document ‘Patient agrees to procure’ refers to the patient being supported in the least invasive way to enable the procedure to be carried out. Guidance on supporting the child through holding is given in ‘Restrictive Physical Intervention(Restraint) and holding for Children and young people’ index

‘Anxiety Reduced /relieved/tolerable level of anxiety’

This can be observed through the behaviour of the CYP. If at an age appropriate level, the CYP can tell the nursing/theatre staff that they are ready. Directly asking Parents/Guardians how they think their CYP is after an intervention will also be a useful measure of how the CYP anxiety level is.

References

Restrictive Physical Interventions and the clinical holding of children and young people. Royal College of Nursing Guidance for nursing staff. Clinical Professional Resource accessed online June 2024