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Welcome to the March 2022 paediatric edition of the CPOC newsletter,

Thank you for subscribing and supporting CPOC, contact us at CPOC@rcoa.ac.uk if you have any content you think we should share in our newsletters.

We are always looking for new examples of best practice perioperative pathways. We want to hear from you about the perioperative pathways or services you have implemented.

Share a case study



Best Practice Guidance: Preassessment Services for Children

All children and young people should expect to have a preassessment prior to the day of their procedure.

Preassessment services for adults are well-established and valued within the adult surgical

pathway, preparing and optimising patients for elective procedures. The benefits for children and young people have not been similarly recognised and hence this has not translated to a similar and equitable development of paediatric preassessment services. This has resulted in significant variation in the standards and availability of paediatric preassessment services for children around the UK.

Children have significantly different emotional needs, physical needs and comorbidities requiring skilled assessment and preparation for their procedure. An expert panel of clinicians with experience in delivering paediatric preassessment services have written, for the first time, a best practice document to give clear guidance on establishing and delivering this service. It is hoped this will significantly improve the availability and quality of this important service for children and parents.

[The guidance will be published shortly on the APAGBI website](#)

Dr Simon Courtman, Honorary Secretary APAGBI



My operation and coronavirus



Statement regarding timing of surgery post COVID-19 infection in children

As stated in [RCPCH national guidance](#), 'Elective surgery in children should be deferred for 14 days following the onset of symptoms or diagnosis with mild or asymptomatic COVID-19 infection'.

CPOC recently published a [consensus statement](#) recommending that patients should avoid elective surgery within seven weeks of infection refers to adult patients, paediatric services should continue to use the [RCPCH guidance](#) for children and young people.

The consensus published by CPOC does not impact on the recommendations within [RCPCH guidance](#) and therefore the RCPCH continue to advise that for children, elective surgery can be performed **14 days following** the onset of symptoms or diagnosis with mild COVID-19 infection.



Reducing paediatric exposure to environmental tobacco smoke

Children who are exposed to environmental tobacco smoke are twice as likely to suffer a respiratory adverse event during the perioperative period, and are more likely to have a delayed discharge home or unplanned admission. Furthermore, exposure also increases the risk of bacterial meningitis, middle ear infection, sudden infant death syndrome and the chance of

becoming a smoker in the future.

Screening for exposure to environmental tobacco smoke includes delivering Very Brief Advice for smoking cessation:

- ask if the child regularly spends time with someone who smokes
- offer advice
- refer for smoking cessation support

The perioperative period can be considered a teachable moment when families are motivated to make a positive behavioural change. Identifying these children preoperatively offers the potential for health promotion by supporting smoking cessation for the family. This can reduce the child's perioperative risk, as well as improve the family's general health, far beyond the planned procedure.

Dr Catherine Riley, Sheffield Children's Hospital NHS Trust

[Riley C, Ladak N. Reducing pediatric exposure to environmental tobacco smoke: the effects of pediatric exposure to environmental tobacco smoke and the role of pediatric perioperative care. Pediatric Anaesthesia 2020; 30: 1199-203.](#)

NCSCT - National Centre for Smoking Cessation and Training



Centre for Perioperative Care CPOC Board Chair



Applications for the role of CPOC Board Chair
are now open!

We are looking for our next CPOC Board Chair and would
like to hear from you if this role is of interest



More information available here
Deadline: 11:59 24 April 2022

More information



Paediatric Anaesthetic Anxiety

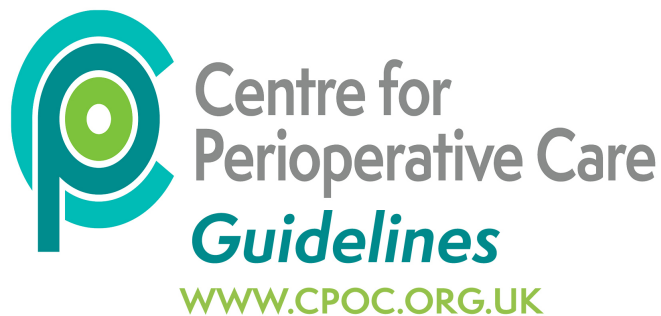
Anaesthetic anxiety is a common challenge for anaesthetists, which if ignored can have consequences for patients, staff and the wider Trust. We have developed management pathways for paediatric anaesthetic anxiety which have reduced day of surgery cancellation, improved flow through theatre pathways and increased patient and parent satisfaction.

Identification is the first step in the management of anaesthetic anxiety and therefore preassessment of all children is fundamental to the delivery of anxiety management pathways. Experienced nurses in our paediatric preassessment unit identify and stratify anxiety before following our pathway. For most children and families engagement through leaflets and virtual resources is sufficient but for more anxious children or those with additional needs, more detailed assessment, education, planning and preparation through a Consultant clinic may be required to create individualised anaesthetic plans well in advance of surgery. We hope by getting anxiety management right first time, many well documented longer term complications of a challenging anaesthetic experiences may be reduced.

Dr Samantha Black, Consultant Paediatric Anaesthetist, Medway NHS Foundation Trust.

Dr Amy Norrington, Consultant Paediatric Anaesthetist, South Tees Hospital NHS Foundation Trust

RCoA Resources



Frailty Guideline



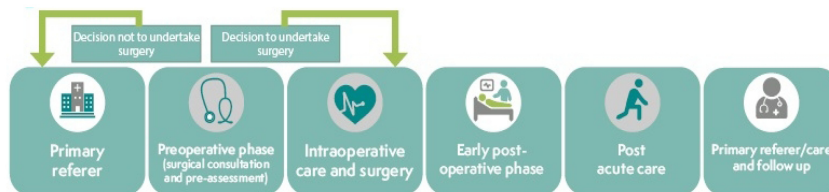
Day Surgery



Diabetes Guideline



Timing of Surgery



Enhanced Care

Guidelines

CPOC is a partnership between:



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