Question of the Week #18
Age-specific care

You are caring for a 4-year old who is scheduled to have his tonsils out. What nursing interventions can you implement to decrease his anxiety? Please provide the evidence-based rationale for your answer.

Response:

Although a normal response to a stressful encounter, studies have found that anxious children are less cooperative and require greater amounts of pain medication (Brewer et al, 2006; Chahal et al, 2009). Anxiety can increase induction time and the amount of medication needed for induction (Steinberg & Herrera, 2006). Burd et al (2006) found a relationship between preoperative anxiety, emergence delirium, and postoperative behavioral changes.

Mr. Kuhns provides an excellent example of individualizing his approach to his patient’s care. Distraction, security, playing, and humor are all appropriate interventions to alleviate anxiety in a 4-year old. In addition, he has taken the child’s sex into account and utilized components of his own gender to relate to the child. He also mentions an important component of perioperative pediatric care that is often missing for those nurses caring for an adult population: inclusion of the parents in the patient’s care. Including the parent plays an important role in decreasing the anxiety of the entire family. The level of anxiety in the parent has a direct correlation with the anxiety exhibited by the child. Parental anxiety may be associated with lower compliance with preoperative instructions such as NPO status and arrival at the assigned area (Burd et al, 2006; Chahal et al, 2009). Both of these measures are frequently tracked in QA audits as reasons for cancellation of the procedure.

A child’s reaction to an event is influenced by such variables as age (specifically between the ages of 1 and 5), developmental level, prior hospitalizations, and prior encounters with health care workers, as well as the coping response and anxiety level of the parents (Brewer et al, 2006; Collins & Everett, 2010). Our patient is in the preoperational stage of development according to Piaget, and is not able to think logically. Children between the ages of 3 and 6 (Preschool) focus on magical thinking and are less able to distinguish reality from fantasy. Anyone who has just lived through the Christmas season with a preschooler and her fervent belief in Santa Claus knows exactly what Piaget was talking about. This age group experiences 3 major stressors in response to surgery: loss of control, separation, and bodily injury/pain, so all nursing interventions should be directed towards alleviating these responses, including:

- Acknowledging and accepting the child’s fear and anxiety
- Allowing hands-on demonstration of equipment
- Encouraging verbalization of feelings

(Ireland, 2006, p. 267).
The jury is still out on whether parental presence during induction of anesthesia (PPIA) benefits the pediatric patient. Initially this was seen as a beneficial strategy in reducing patient anxiety, and continues to be a huge parent satisfier. However, later studies have found that for this practice to be effective, both the child and the parent need to be carefully screened preoperatively (Burd et al, 2006; Steinberg & Herrera, 2006). Kain and Caldwell-Andrews (2006) suggested that research in this area be shifted from mere attendance during induction to what parents actually do during this time to assist their child.

There is also no consensus on the use of preoperative medication, although oral midazolam syrup was cited in several articles (Burd, et al, 2006; Ireland, 2006). If an anxiolytic is ordered, it should be administered per a nontraumatic route and at a dose appropriate for the child’s weight.

If your facility does not already have one, you might consider instituting a preoperative preparation program for your pediatric patients and their parents. Several articles (Brewer, et al, 2006; Chahal, 2009; Kain & Caldwell Andrews, 2006; Steinberg & Herrera, 2006) suggested that a preoperative teaching program decreased anxiety, improved both patient and parent compliance, and increased the chances for a positive surgical experience.

References and resources:


