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Emotional support for preschool-aged children in day-surgery nursing - A nursing practice guideline

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The nursing guideline focuses on the emotional preparation for preschool-aged children (2–5 yrs) in day-surgery nursing. Day-surgical procedures are a recommendable alternative from the viewpoint of the child, the parents and the organisation, as they cause less disruption of the child's normal daily routines than in-ward treatment, shorten the duration of the child's separation from their family as well as improve hospital efficiency.

The significance of the guideline is increased, among other things, by the rise in the number of day-surgical procedures performed on children and the possible emotional consequences of the procedure to the child, such as altered behaviour, sleep disturbances, separation anxiety from parents, eating problems and fear of doctors. Anxiety associated with the procedure is also a risk factor for perioperative complications.

The aim of emotional support is to reduce procedure-related anxiety in the child and the parents. In this context, emotional support refers to helping methods in nursing used to maintain and increase a sense of security in the child and the parents and to minimise the effect of factors that cause anxiety.

The aim of the guideline is to ensure a continued sense of security in the child during all phases of treatment. The sense of security of a preschool-aged child is linked to the parents' possibilities of supporting their child during the day-surgical treatment. That is why the aim of the guideline is also to ensure sufficient access to information for the parents and thereby strengthen their readiness to prepare the child for the coming procedure and recuperation from it.

Paediatric day surgery is looked at as a service chain that begins with the diagnosis of the health problem warranting the procedure and ends with the child's discharge and the postoperative check-up visit or phone call. The nursing guideline brings information based on research and clinical experience to perioperative decision-making. It provides grounds for choosing nursing interventions with proven efficacy in preparing preschool-aged children and their families.

The guideline supports preventive nursing and strengthens the status of the paediatric patient in procedure-focused day surgery. The guideline can be taken into use everywhere where preschool-aged children are treated with day surgery

and where decisions are made on clinical care resources. In addition, it can be utilised in basic and continuing vocational education in paediatric and adolescent nursing, surgical nursing as well as surgical and intensive care nursing.

The degree of evidence (A–D) supporting each statement is given in parentheses, with A indicating the strongest and D the weakest research evidence. When research evidence was lacking, information based on clinical experience and the views of practical experts was utilised in drawing up the guidelines as well. The degree of evidence of these guidelines is not defined. Practical actors were also consulted in drawing up the guideline.

Preparation of the child and parents at the beginning of the service chain

1. The health-care professional at the unit referring the child to day surgery encourages the parents of the preschool-aged child to participate in their child's care. Parental participation in care promotes treatment guidance and flow of information between the family and health-care professionals and increases the child's sense of security. (C)
 - Parents want to participate in the care of their child in order to help the child. They are also a resource in planning aimed at preparing the child for the procedure.
 - Parents are helped to anticipate the coming procedure and to arrange their domestic and work affairs so that they are able to participate.
 - The participation of calm parents in the child's treatment reduces the anxiety associated with it, as preschool children require their parents' help to be able to cope with an unfamiliar situation.
 - Preoperative anxiety in the child is also alleviated by premedication.
 - Guidance given in the initial stages of treatment prepares the parents for postoperative care of the child at home.
2. Young age (under 5 yrs) of the child, previous negative hospital experiences and parental anxiety increase the child's anxiety associated with the procedure. (B)
 - The earlier hospital experiences of the child and the parents are charted by a professional. Identifying the child's background factors is the starting point when planning interventions aimed at alleviating anxiety.
 - Anxiety increases the risk of perioperative complications. It may cause problems with anaesthesia and increase postoperative pain.
3. The developmental stage of preschool-aged children calls for preparing for the procedure with concrete, age-appropriate concepts and timing the preparation to the day before the procedure. (C)
 - Preparing the child starts by preparing the parents. The aim is for parents to be aware that preparation reduces procedure-related anxiety in the child and promotes recovery. An additional aim is that parents are able to prepare and time the preparation in a manner suitable for the child's age level.
4. Giving information reduces procedure-related anxiety in the child and the parents. In addition to oral guidance, other guidance material that makes use of multimedia, such as videos, CDs or an interactive guide booklet, gives the child and the parents more information about the procedure. (B)

Preparing the child and the parents at the procedure unit

5. A nurse at the procedure units calls the child's home the day before the procedure. The aim of the phone call is to confirm and revise matters related to preparing the child and assess the sufficiency of preparation with the parents. At the same time, the events of the procedure day can be described and any questions the family may have be answered.
6. Presentation of the facilities and routines of the procedure unit and going through the day's events promote parents' participation in treatment. (B)
 - Parents are told about the child's primary nurse, how the treatment proceeds (time and normal duration of the procedure) and the limitations associated with it (fasting, staying in bed after premedication). In addition, they are told about the facilities in the ward (playroom, bathroom, nurses' station), entertainment possibilities (books, toys, videos) and postoperative recuperation before discharge.
 - The parents are also told about postoperative care of the child at home.
 - If the planned procedure is postponed, the parents are told that this will not necessarily harm the child. It may give the child more time to adapt.
7. Preparation based on the needs of the child and the parents reduces procedure-related anxiety. Versatility of the preparation programme is not the highest priority, as it does not significantly reduce the perioperative anxiety experienced by children and parents. (C)
 - For example, play guided by a professional versed in preparation of paediatric patients and paediatric nursing increases the child's knowledge of the procedure and strengthens the use of the child's own coping skills.
 - The anxiety-alleviating effect of the hospital clown is based on shift of focus of attention from the coming procedure.
 - Music therapy may have an anxiety-alleviating effect; however, more research on the efficacy of this method is needed.
 - The aim should be to reduce anxiety in the child and parents in a controlled manner, by making use and developing existing resources.

Guidance of the child and parents in the final stages of the service chain

8. Preschool-aged children need opportunities to process their experiences in a safe manner. (C)
 - Home-care guidance includes information about the emotional consequences of the procedure to the child, as well as information about how parents can help their children process their procedure-related experiences through telling and with the aid of play, drawings and picture books.
 - Parents are guided to inform the child's day-care facility about the procedure and its possible consequences and the child's ways of processing his or her experiences.
9. The sufficiency of home-care guidance is confirmed during the postoperative phone call, and complemented, if needed. The phone call increases parental sense of security and control as well as satisfaction with treatment.

To sum up, it can be said that preparing for a day-surgical procedure calls for planning and documented action at every stage of the service chain. The aim is to promote the emotional security for the preschool-aged child and their parents at every treatment stage. The ultimate beneficiary of this is the child.