Preventing Children for Surgery "TLC-Touching the Lives of Children"
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**Problem:** Inconsistencies with preparing children for procedures became evident by heightened child and parental anxiety, extended lengths of stay, suggestions from parents, and feedback from a visiting Pediatric Surgeon, all indicating a need for a change in practice.

**Evidence:** A search of three databases resulted in five syntheses and 53 research articles for critique using the United States Preventative Task Force (USPTF) criteria. The synthesis revealed that stress is higher in younger children, that stress of the parent and child is correlated, and there are specific stress points throughout a child’s hospital experience that cause particular anxiety. It was suggested that the mode of preparation needs to be matched with cognitive development needs and history of child. Additionally, preparing children for procedures should include a variety of methods as this decreases anxiety of the child and/or parent.

**Strategy:** The literature synthesis guided the selection of the educational program elements. Consideration was also given to the clinical context and available resources.

**Practice Change:** A structured educational program for the nursing staff in the Surgical Admissions Center was implemented for use with children scheduled for Tonsillectomies/Adenoidectomies and included in-services, teaching tools, pocket guides, and shadowing with the Child Life Specialist.

**Evaluation:** A pre-post design was used to evaluate the change in practice. During both periods, parents and children were given a Visual Analog Scale to measure anxiety right before surgery. Parents were also given a satisfaction survey two weeks post-surgery.

**Results:** The findings of this project validated what was revealed in the literature. Structured, developmentally-appropriate preparation reduces anxiety and increases satisfaction. (Bar-Mor, 1997; Denson & Terry, 1988; Gabriel & Danilowicz, 1978; Kain & Caldwell-Andrews, 2005; LeRoy et al., 2003; Lynch, 1994; Mansson et al., 1992; Rushton, 1983; Schwartz et al., 1983; Visintainer & Wolfer, 1975; Wolfer & Visintainer, 1975)

**Recommendations:** Implementing the ‘best practice’ in small increments with homogenous populations made the project manageable and facilitated its successful implementation and institutionalization. The use of a Child Life Specialist was critical to the success of this project.