PREMEDICATION

DR KAPILA HETTIARACHCHI

GOAL OF PREOPERATIVE VISIT

Primary purpose is to develop rapport with the child and gain the confidence of the family so that they can trust you with taking care of their child.

HOW TO ACHIEVE IT ?

Go through the notes and are well aware of the history, surgical condition, intended surgery and the investigations.

Approaching the child is the most important step. First of all dress in a well-dignified way so that family feels comfortable.

APPROACH WITH A SMILE

Approach with a smile and say hello to the mum/grand mum if baby is less than six months otherwise address the child.

Introduce yourself.

DO NOT RUSH TO EXAMINE THE CHILD

Do not rush to examine with your stethoscope!

Try to catch some conversation not related to the surgery or anaesthesia.

Might be about sports or friends or school etc. In the mean time can hold hand and assess the suitable vein available. Once the barrier is broken ask the child if you can open mouth, protrude tongue and can put you stethoscope over his/her back and chest in that order.

DISCUSSING THE SURGERY

It is not uncommon to find that the surgeon has not explained in detail what the family and child would like to know and expect.

So it is important to discuss the issues even if surgeons have.

FREQUENTLY ASKED QUESTIONS

They would like to know how long the surgery would last.

When will the child go to OT?

Where does the child come?

When they would be intimated?

Should they stay around?

How painful it would be?

What measures will be taken to control it?

They should also be explained that the child would come with an epidural catheter or chest tube or nasogastric tube etc. The child might be administered oxygen and monitored with pulse oximeter. Try to answer all their queries truthfully without frightening them. So prepare the family and child for the post-operative period as well so that you get best cooperation.

PREMEDICATION

If you have been able to gain the confidence of the family or the child!

If yes ,do you feel the child will cooperate with you during separation from parents?

If yes, there is no need of any premedication.

Over the years the practice of prescribing premedication has undergone a change as we try to assess a child individually and prescribe according to need.

WHY SHOULD NOT ROUTINELY PRE MEDICATE

Popularity of day care practice so much so that in some centers around 70 % kids come for day care surgery.

Restriction on premedication to prevent delay in discharge time

Secondly unpredictability of drugs used for premedication to get intended sedation in majority of children.

Allowing parental presence in OT has made a big impact in pre op-management of child.

WHO NEED PREMEDICATION

Those children with whom one could not develop a good rapport.

They are syndromic kids e.g. Down’s syndrome, or an autistic or introverted child from rural background or had language barrier to be able to communicate well.

WHAT IS PREMEDICATION

Oral premedication is the best. Presently midazolam is the most commonly used drug in the dose of 0.5mg/kg body weight.

Mixed with paracetamol syrup to sweeten it to make it more palatable and acceptable at a dose of 10-15mg/kg of body weight.

AFTER PREMEDICATION

The child should be provided with a comfortable non disturbing environment after premedication other wise the purpose is lost. Parental separation when child is led to the operation theatre is the next important step.

PARENTAL PRESENCE

In case the hospital has a policy of allowing one of the parents into the operation theatre it solves much of problem as the child goes to OT with mother /grand mother/father.

A child friendly preoperative hold area with books, toys ,TV ,cars etc helps to distract the child from surgery.

FASTING GUIDELINES

- For solids - 6 hours
- For milk - 6 hours
- For breast milk 4 hours
- For water or clear fluid 2 hours