SASA COVID-19 UPDATE

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PRACTICAL MANAGEMENT OF PAEDIATRIC PATIENTS FOR ANAESTHESIA DURING COVID-19

The Covid-19 Pandemic has resulted in the demand for new and innovative approaches to our basic patient management. Paediatric care poses unique stressors and pressures related to the additional needs of the parents or caregivers, as well as the very specific needs of the paediatric patients themselves. As clinicians, we too are faced with a number of challenges not just related to the management of peri-operative care of our paediatrics patients, but also the risks posed to us by the virus and the necessity of correct donning and doffing of PPE. The non-uniform approach of each specific hospital or clinic facility requires every anaesthetist to familiarise themselves with the specific IPC protocols so as to best prepare the patients and their families, as well as themselves for the processes. If any of these IPC protocols are of concern to you, please do not hesitate to contact the SASA Covid-19 Team for better clarification.

We do not encourage those practitioners who are not comfortable with paediatric anaesthesia to place themselves under unnecessary duress and risk by attempting to treat paediatric patients during the Covid-19 pandemic.

As a result of these challenges, we urge practitioners to consider the following points in their approach to paediatric anaesthesia and care during Covid-19:

Pre-Operative Approach:

- See SASA Letter to Parents/Caregivers of Paediatrics Receiving Surgery During Covid-19. We advise that you share this with parents and caregivers in advance of hospital admission. This letter aims to facilitate communication and attempts to alleviate anxiety on behalf of the families and patients by providing them some background information to better prepare them for what to expect on admission.
- Consider following this letter with a phone call to the parents/caregiver to address any questions directly.
- Ensure that you are comfortable and familiar with the facility's IPC protocols.
- If preoperative Covid-19 testing is required, ensure that the patient's parents/caregivers are aware of this, as well as the possibility that they may be required to pay for this testing themselves. Please explain the process of testing, as well as the importance and practicality of the timing of the testing, and then the specific implications of each test result.

- During the testing process the child will be exposed to healthcare workers clad in full PPE. This may invoke anxiety and distress on the part of the child. Additionally, the process is quite unpleasant, and possibly painful. In view of this, we advise that this is discussed with the parent/caregiver in order to best prepare him/herself and the child.
- Please stress the importance of self-isolation preoperatively and postoperatively wherever possible, to try to protect against new infections in the preoperative period.
- Ensure that your theatre team has a been briefed by you on the full anaesthetic plan for the procedure. This should include the use of sedation, premedication, IV or gas induction, as well as your plan for airway management, maintenance and emergence Also include the plan for management of the parent/caregiver. Good communication is key for optimal team performance.
- The entire team must complete donning and doffing of PPE for the Aerosol Generating Procedure.
- A Covid-19 specific Paediatric Anaesthetic Trolley must be available at your facility. All the equipment you anticipate in requiring for the procedure must be checked. Ensure that your staff is familiar with the usage of it.
- Please ensure that all team members are sensitive to the need for maintaining a child friendly environment and that adaptation to the needs of the child may be necessary. There exists a heightened state of anxiety in us all. Children are very perceptive to this and may have challenges processing this anxiety, necessitating modifications to the standard 'Covid-19 approach'. Team safety remains a priority.
- Many of the barrier methods (e.g. plastic bags) employed to minimise aerosol and droplet spread may be traumatising for awake children and their parents/caregivers. Please bear this in mind and amend your induction approach in order to best manage the child and their unique needs and capacity for tolerance of the induction.
- Make accurate notes of who accompanies the child to theatre, so as to also document any contacts for possible contact tracing in the event of an infection.

Intra-Operative Approach:

- This will be dependent on clinician preference and paediatric anaesthetic management guidelines that will be specific for the procedure being undertaken.
- Covid-19 Guidelines for Paediatric Patient Management should be employed and be contextually adapted for the specific patient and scenario/setting in which you are practicing, again, all whilst keeping the team safety as a priority.
- During the procedure, particularly longer or more complex procedures or emergency cases, try to contact the parent/caregiver in order to update or reassure them where appropriate. Recognising parental/caregiver needs and allaying anxiety in this regard enables a better overall recovery for the child and fosters a better acceptance of what are exceptional circumstances faced during Covid-19, over and above the stress of a hospital admission and surgery of a child.

- The plan and site of recovery for the child needs to have been determined in advance and the recovery team – where applicable – briefed on special instructions/concerns relevant to the child's recovery. The presence or absence of the parent/caregiver needs to be discussed here too.
- Decide on what the best and most appropriate manner of managing the emergence and extubation phase is, bearing in mind that this may require adaptation as the child's condition or needs change. This reinforces once more the need to ensure that the entire team is appropriately donned in full PPE.

Post-Operative Approach:

- If possible, try to see the child in the ward post-operatively and ensure that all prescribed medication, analgesia and nursing instructions have been received. The pandemic has resulted in significant nursing staffing shortages and with that, a reduced focus on basic parameter monitoring whilst trying to ensure that all IPC protocols are upheld.
- Following up on the wellbeing of the child within the week post-operatively is advisable, both to enable further screening for the development of Covid-19 symptoms in the child or family, as well as to receive feedback on the overall experience of the child and the parent/caregiver. Feedback enables us to refine and improve on our practice.