The Process
of Anaesthetic induction
with Children

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Abstract

Anaesthetic induction is one of the most stressful experiences a child can have during hospitalization. High anxiety is seen in 50-60% of the children and is associated with less compliance/cooperation during anaesthetic induction. It can also lead to behaviour problems after surgery.

Important factors that are associated with high anxiety are younger age, withdrawn shy temperament, previous negative experience in the hospital and certain kinds of adult behaviour. This thesis has been done to further illuminate the anaesthetic process and gain more knowledge about child behaviour, parent and staff communication, nurse anaesthetist decision-making communication and the reactions of children after anaesthesia and surgery.

Materials/Methods: One-hundred and two children between the ages of 3-6 that were scheduled for ENT surgery were video filmed. Screening instruments about child behaviour, fears and parental anxiety were used before the anaesthetic procedure. All children were video filmed during the process until they were asleep. Parents were interviewed during the operation. Forty-nine children came 14 days after the surgery for a play session that also was video filmed. The video films were then analysed to identify critical situations and behaviours. Parents and nurse communication were categorized. Decision-making communications from the nurse anaesthetist were also identified and categorized.

Results: Four critical situations or reactions were identified, premedication, degree of sedation, compliance during needle insertion or mask on child's face and the child's reactions when going to sleep. Each of the situations influenced the next following situation, predicting a higher risk for developing a vicious circle. The first (taking the premedication) was predicted by earlier traumatic hospital experience, if the child placed him/herself nearby or in parent's lap, hesitant eye contact and highly active parents. The most common type of decision-making category was information, followed by negotiation. Unwillingness to take premedication was associated with more negotiation and less information. A child who takes premedication unwillingly had more often avoidant reactions toward anaesthetic equipment and anaesthetic play after surgery. An anaesthetic induction process is complex and transactional. Previous experience will together with the process of anaesthesia create a new learning history.