

Pediatric Hospital Medicine 2016 Workshop Presentation
Friday, July 29th, 1:00-2:15PM

Before the Operating Room:
**PRE-OPERATIVE MANAGEMENT FOR
PEDIATRIC HOSPITALISTS**

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Objectives

- Describe the rationale for, and evidence supporting, pediatric preoperative clinics
- Provide examples of the structure and function of preoperative clinics
- Clarify possible roles of anesthesiology in a preoperative clinic
- Identify the key components of a preoperative evaluation for a pediatric patient, including the history, physical examination, selected diagnostic and screening tests
- Apply key concepts of preoperative management plans to specific patient case scenarios

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Agenda

- Overview of Preoperative Clinics 10 min
- Review of Literature 10 min
- Preoperative Clinics: 20 min
 - Structure and Function
 - An Anesthesiologist Perspective
- Small group cases 30 min
- Discussion and Wrap-Up 5 min

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Overview of Preoperative Clinics

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Introduction

- The role of the Hospitalist in the evaluation and preparation of surgical patients is increasing
 - 2014 AAP Policy Statement
 - Optimizing medical conditions for patients prior to surgery
 - Improving communication and coordination to allow a safe transition in the perioperative period
 - Medical complexity is increasing
 - Literature to guide clinical management of these patients is limited
- Preoperative clinics provide a structured environment for hospitalists to perform assessments prior to surgery

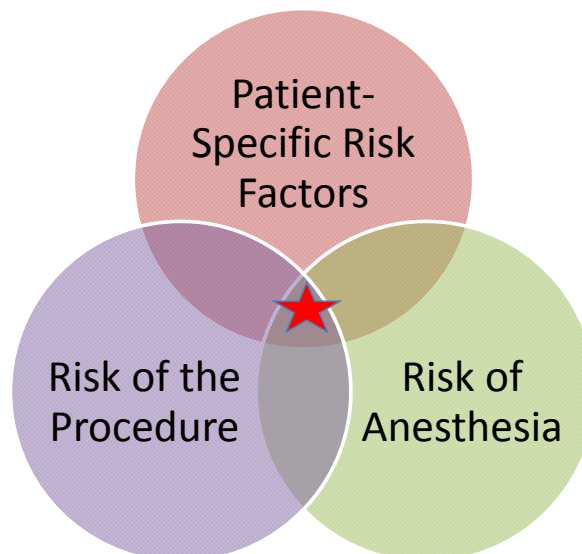
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Hospitalist Role in Perioperative Medicine

- Preoperative evaluation
- Intraoperative evaluation
- Postoperative evaluation
 - PHM 2016 Workshop (following this workshop): After the Operating Room: Postoperative Management for Pediatric Hospitalists

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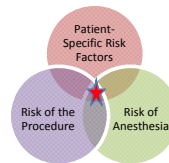
Systematic Approach



Risk to this patient undergoing this surgery

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Overview of Pre-operative Clinics



- Gather a detailed medical history and physical exam with a focus on identifying potential pre- and post-operative risk factors (**Risk to the Patient**)
- Coordinate care with amongst various specialists including the Surgeon (**Risk of the Procedure**)
- Evaluate patient in conjunction with an Anesthesiologist (**Risk of Anesthesia**)
- Assist in management of postoperative care of surgical patients that were identified in POCC
- **Building a “perioperative surgical home” - coordinated, organized care from the time of the decision for surgery through discharge**

Review of Literature

Review of Literature

- Pediatric hospitalist preoperative clinic
 - Melwani, et.al. 2016. –Patients have increased chronic conditions (e.g., BiPaP/CPAP dependence, feeding tube dependence, seizure disorder, restrictive lung disease) seen in preop clinic, but no difference in median length of stay, PICU stay or 30-day readmissions postoperatively
 - Rappaport, et.al. 2013. – High rate of hospitalist recommendations in preop clinic with complex patients with neuromuscular scoliosis undergoing spinal surgery
 - Vazirani, et.al. 2012.(adult Hospitalist-run, Medical Preoperative Clinic) – Length of stay was reduced with patients with an ASA ≥ 3

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Structure and Function of Preoperative Clinics

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Preoperative Clinic: Goals

- Optimize medical conditions for patients
- Decrease morbidity of surgery
- Create rapport with the patient and family prior to surgery
- Decrease surgical cancellations
- Coordinate care among surgeons, anesthesiologists, subspecialists, PMDs

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Preoperative Clinic: Function

- Patient selection
 - Patients with medical complexity or special health care needs
 - Defining “medically complex”
- Financial implications
 - Ferschl, et.al. 2005. Evaluations in the preoperative clinic can significantly reduce operating room cancellations and delays
 - Ferrando, et.al. 2005. Preoperative guidelines can decrease laboratory testing and could reduce the cost of the hospital stay

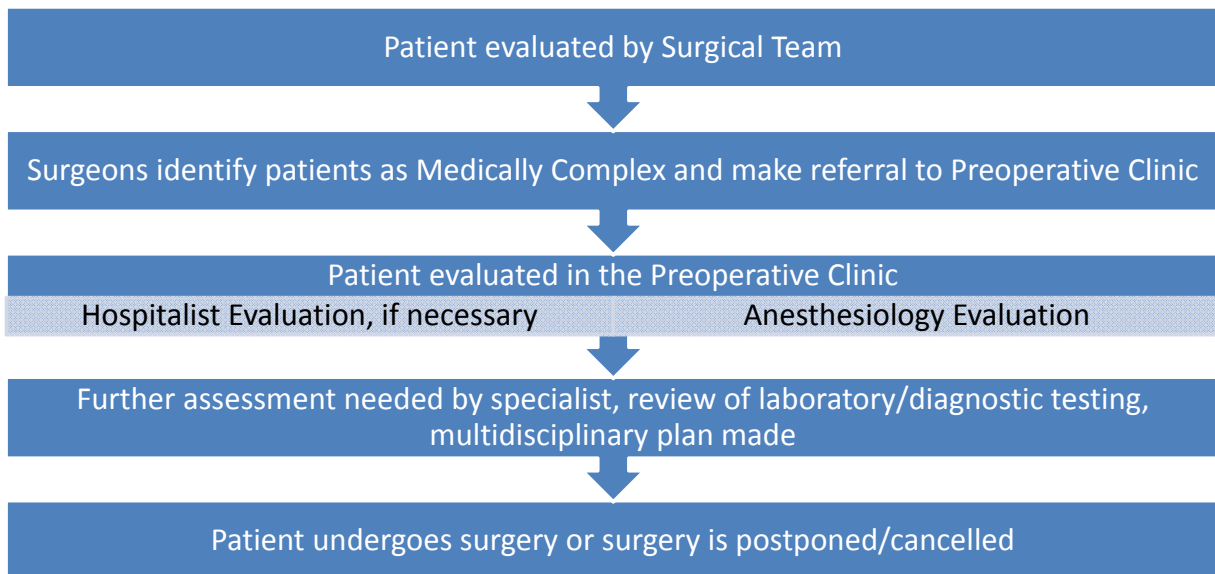
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Preoperative Clinic: Structure

- Location of Clinic
 - Accessible and convenient for the patient and team
 - Accessible to diagnostic and laboratory facilities
 - Outpatient clinic space to conduct full assessment and counseling
 - Tele-medicine opportunities
- Staffing
 - Administrators to manage appointments and clinic concerns
 - Appointments should be made based on medical conditions, type of procedure, availability of anesthesiologist/hospitalists
 - Nurse practitioners, Anesthesiologists, Hospitalists, Nurses/Techs
- Documentation/Orders
 - Ease to document and write orders in clinic
 - Area to discuss plans of care with anesthesiology and hospitalist team
 - Contact subspecialists

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Structure of Preoperative Clinics



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Role of Anesthesiology

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Anesthesiologist's Perspective

- Get to know us! Call us, page us, consult us.
- Specific ***Risks of Anesthesia***
 - Airway issues
 - Recent illness, comorbidities
 - Induction issues (hemodynamic stability)
 - Anesthesia consent
- Only an anesthesiologist can “clear” a patient for anesthesia, but “optimization” is always welcome.
 - Recent URIs, asthma, CHD, pulmonary function, OSA
- What should you tell parents about anesthesia?

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Preoperative Evaluation

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Pre-Operative Evaluation

- History
 - Birth history, Past Medical History (detailed Review of Systems), Past Surgical History, Family History, Social History, Developmental History, Immunizations, Allergies
 - MEDICATIONS
- Physical Exam
 - Expand on information gathered on history
 - JCAHO requires documented H&P 30 days prior to surgery
- Labs/Studies
 - No evidence to suggest routine pre-op testing of *healthy children* before elective surgery is necessary
 - Consider the patient AND the procedure
- Subspecialty Consultation/Clearance

We anticipate & coordinate....

- Primary Service/Location (ICU vs Floor)
- Need for preadmission
- Subspecialty involvement
- Pulmonary Plans
- Bowel plans
- Nutrition consults/Feeding advancement precautions
- DVT prophylaxis
- Labs/Diagnostic studies
- Postoperative Inpatient Therapies
- Postoperative Equipment/Supplies, Case management needs
- Follow-up appointments

Resources for a Systematic Approach

- History Intake "Cheat" Sheet
- Preoperative "To-Do" List
- Coordination of care communication template

Small Group Cases

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Small Group Cases

- Two Small Group Stations (12 min each)
 - One patient scenario per station with key objectives in the management of surgical patients
 - 1-2 facilitators per station
 - Scenario and Discussion led by facilitator
 - Handout with key points at each station
- Facilitators to Rotate Between Stations (3 minutes)
- Rules of Engagement
 - “Rule of Vegas”
 - Confidential
 - We are all learners
 - We are not experts but facilitators

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Conclusions

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Conclusions

- What did you learn in this workshop that will change **YOUR CURRENT PRACTICE?**
 - Conduct more preoperative evaluations, using the components discussed, for your patient population
 - Collaborate with surgeons and anesthesiologists to build a system or clinic for your surgical patients for preoperative evaluations
- Are there any tools provided here today that you will use to teach other colleagues or trainees?
- What additional tools or strategies are you still looking for?

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Questions?

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