

## Parental Presence *at* Induction of Anesthesia

Nebraska Dental Anesthesia, LLC believes that parents and guardians can help contribute to the success of their child's anesthesia visit and we invite you to participate. The "Parental Presence at Induction of Anesthesia" guideline was adopted to allow parents to stay with their child to help reduce anxiety associated with having anesthesia for a dental surgery. Please carefully read the following information to learn about this process, how it applies to your child's visit, and how you may assist us in making this portion of the anesthesia process less stressful for you and your child.

### Quick Facts.

- This document was created to help reduce anxiety in children who are having anesthesia for a dental procedure.
- Parents who wish to remain with their child as anesthesia is begun must review, agree to, and comply with the following instructions. For safety reasons, it is important for parents to understand what to expect.
- Certain circumstances do not allow for parents to be present during the induction of anesthesia. These include patients who are: (1.) undergoing emergency procedure, (2.) extremely ill, or (3.) heavily sedated from a premedication. Additional reasons also include: (1.) if a mother or legal guardian is, or may potentially be pregnant, or (4.) if the anesthesiologist feels that parental presence will interfere with this procedure.
- If the child's condition abruptly changes or the parent's presence is, in any way, distracting or disruptive to the induction of anesthesia, the anesthesiologist or staff have the right to ask the parent or guardian to immediately leave the surgical suite – *please comply with this very important request.*
- Only one parent or guardian may accompany the child into the surgical suite for the induction process. Other parents and family members must remain in the waiting room.
- The final decision about whether a parent or guardian may accompany a child into the surgical suite for induction of anesthesia will be made by your child's anesthesiologist.

### Before the Induction of Anesthesia.

- Once you have checked-in for the procedure, we will obtain your child's weight and escort you to a pre-operative room so the anesthesiologist can discuss the procedure and review your child's medical history in private. Based on your child's medical history and level of cooperation, the anesthesiologist may also obtain preoperative baseline vital signs (like blood pressure, heart rate and oxygen saturation) and listen to their lung and heart sounds with a stethoscope. Please let us know if you'd prefer to not have this procedure discussed in front of the patient.
- As the patient's parent or legal guardian, you will be asked to sign an informed consent document prior to the administration of any sedative or anesthetic medications. This important document reviews the benefits, risks and alternatives to treatment and provides an opportune time for you to ask the anesthesiologist any final questions.
- The anesthesiologist will decide which method of induction is best for your child, depending on their age, weight, medical history, level of cooperation and complexity of the surgery that is being performed. Induction medications may be breathed through a mask, injected into a muscle, or put directly into a vein through an IV line. On rare occasions, an oral medication may be given to help alleviate pre-operative anxiety.
- You may stay with your child until he or she is asleep. You will then be quickly escorted back to the waiting room so the anesthesiologist can focus on establishing an IV line and placing a breathing tube, if deemed appropriate.

### During the Induction of Anesthesia.

- Induction medications can be administered either in an injectable-form through an IV line or as a gas breathed through a mask. If your child is very upset or defiant, the doctor may elect to administer a relaxation medication either by mouth or with an intramuscular injection before the start of the induction procedure. The flavored oral medication takes effect in 20 to 30-minutes, while the intramuscular injection takes effect after only a few minutes.
- **Medications Through An IV Line.** Older children or those who are not afraid of needles may choose to have IV induction of anesthesia. This process requires a catheter to be inserted directly into the child's vein, usually in the hand or arm. When anesthesia medication is given through an IV catheter, the child falls asleep in seconds.
- **Medications Through A Mask.** Younger children usually prefer to get their medications through a "space mask" that will carry a mixture of oxygen and gas medications. Your child may choose a favorite scent to help flavor the air flowing through the mask. When the medication is given through a mask, there are no needles or shots used while your child is still awake. Normally it takes 30 to 60 seconds for most children to fall asleep.

### **What To Expect With Mask Induction.**

- When going to sleep using the mask (inhalation) method, children frequently try to grab and pull off the mask and/or become combative as they fall asleep. These are very normal reactions. We will ask that you participate by firmly holding your child's hands to keep from grabbing the mask which will prolong this process.
- Often children will cough, gag, cry, scream, complain about the smell and/or say they can't breathe. Such reactions are also extremely common after placing the mask over a child's mouth and nose. Simply encourage your child.
- Because the gas anesthetics provide short-term amnesia (*loss of memory*), most children recall only their first 3-4 breaths.
- Please be aware, once the child falls asleep, he or she will become completely limp and nonresponsive. This is normal.
- There are several stages of consciousness that a child goes through as they go from being awake to asleep under anesthesia. Just prior to becoming completely unconscious, the child will enter a stage (called Stage II or the "excitement stage") where their arm and leg muscles will contract appearing like the child is resisting or is struggling. Please realize that these are involuntary movements and they are completely unaware. These movements are normal and last for only a few seconds just before they become completely limp. During this stage, the child's breathing pattern will also change. This irregular respiratory pattern may sound like loud snoring or very heavy breathing. Again, this is another normal occurrence.
- Once your child has fallen asleep, you will be promptly escorted out of the surgical suite and back to the waiting room so the anesthesia team can quickly prepare your child for surgery. It is important at this point for the anesthesiologist to turn all his or her attention to preparing and placing your child's IV line and breathing tube. Any hesitation on your part may deflect the doctor's focus from your child onto you and can ultimately affect your child's care. When asked to return to the waiting room, please **do not** hesitate or delay in complying with this critical request.
- Once your child is asleep, an IV line will be started in the hand, arm or foot so that medications can be delivered to keep your child sleeping and completely unaware of the surroundings throughout the entire dental procedure.

### **How To Comfort Your Child Before & During the Induction of Anesthesia.**

As a parent, watching your child undergo anesthesia may be an uncomfortable experience for you. Please remember that children can sense a parent's anxiety - so for your presence to be truly helpful, you must try to be as calm and encouraging as possible. There are several ways you can help your child, even if you are feeling uncomfortable inside:

#### **Before the Induction of Anesthesia.**

- Bring a "comfort" item such as a favorite stuffed animal, toy, or blanket to hold during the induction.
- Infants, toddlers and young children do best when they are unaware of this pending procedure. Avoid trying to explain this process. Rather, let them know that they will be breathing "magic air" through a mask that will fix all their teeth. You can refer to the mask as a space mask, Darth Vader mask, or fireman's mask.
- If they ask about "shots," assure them that if they breathe the "magical air," they won't need to get any injections.
- If they ask about what the air smells like, tell them it is similar to coloring with magic markers or applying nail polish. Recommend that they breathe through their mouth so they won't smell it as much.

#### **During the Induction of Anesthesia.**

- Touch your child to remind them that you are beside them. Firmly holding your child's hands or rubbing a leg will also remind them of your presence.
- Whisper, talk or sing to your child while they are going to sleep. The sound of your voice will also provide reassurance.

### **Important Things To Remember.**

- Even with a parent present, the surgical suite can be a scary place for a child. Do not feel bad if your child gets very upset - even with you there to help. We will do our best to distract their focus and alleviate his or her fears.
- If we feel your child is using "stalling tactics" to delay the induction process, we may use minor restraint to proceed.
- The main purpose of your presence at the induction of anesthesia is to help your child; remember your child's safety is our chief concern. If you are abruptly asked to leave the room for any reason, at any point, you must do so quickly and quietly. The anesthesia staff needs to focus their full attention on only your child's wellbeing.
- If you feel uncomfortable and are unable to stay in the room during the induction phase, please tell one of the staff members. You will be escorted back to the waiting room. If you begin to feel light-headed, immediately take a seat.
- Please remember that children sense when a parent is anxious or upset. It is vital for parents to maintain composure during this process. If you feel that you cannot, it is always best to not accompany your child during this process, as it is more stressful for them to have a parent present that is exhibiting these uneasy feelings.

### **Special Needs Patients.**

- If your child has any special needs or healthcare issues that you feel the anesthesiologist should know about, please be sure to discuss this prior to the induction of anesthesia. All special needs and healthcare issues, regardless how insignificant, must be disclosed to the anesthesia team. This, in turn, will help us create an individualized anesthesia plan exclusively for your child's needs.

**Thank You for Taking Part In This Process.**

**We Believe A Well-Informed Parent Is A Vital Part of A Successful Visit.**