Nurses Role in Monitoring Pediatric Anesthesia in Operation Room

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Abstract:

In the operating room, nurses play a crucial role in monitoring pediatric anesthesia, which involves specialized care tailored to the unique physiological and psychological needs of children. Pediatric anesthesia nurses are responsible for conducting preoperative assessments to gather vital information about a child's medical history, allergies, and current medications. They ensure that the anesthesia plan is appropriate for the child's age, size, and health status, collaborating closely with anesthesiologists and surgeons. During the procedure, they continuously monitor vital signs, including heart rate, blood pressure, and oxygen saturation, while also observing for any signs of distress or adverse reactions. Their vigilance is essential in maintaining patient safety and ensuring that the anesthesia is appropriately adjusted throughout the operation, responding swiftly to any complications. Additionally, nurses provide emotional support to pediatric patients and their families, helping to alleviate anxiety and fears associated with surgery. They educate parents about the procedure, what to expect, and postoperative care, fostering a trusting environment that can ease the child's experience. By employing child-friendly techniques, such as using distraction methods or comforting measures, nurses help create a more positive surgical experience for young patients. Furthermore, post-anesthesia monitoring remains a key responsibility, where nurses assess recovery from anesthesia, watch for potential side effects, and ensure that pain management is effectively addressed. Their comprehensive involvement not only enhances safety but also promotes better surgical outcomes in pediatric patients.

Keywords: Pediatric anesthesia, Role of nurses, Preoperative assessment Vital signs monitoring Patient safety Emotional support Family education, Post-anesthesia care, Child-friendly techniques, Surgical outcomes

Introduction:

Anesthesia administration during surgical procedures is a critical component that necessitates meticulous attention to detail, especially in pediatric patients whose physiological responses may significantly differ from those of adults. The complex interplay between anesthetic drugs and the unique metabolic, respiratory, and cardiovascular characteristics of children mandates not only the expertise of anesthesiologists but also the vigilant oversight of nursing professionals. Nurses play a

pivotal role in the operation room, particularly in monitoring pediatric anesthesia, where their contributions enhance patient safety, improve outcomes, and assist in the smooth operation of surgical procedures. This introduction aims to elucidate the multifaceted responsibilities of nurses in the realm of pediatric anesthesia monitoring and to underscore the significance of their involvement in ensuring the welfare of young patients undergoing surgical interventions [1]

The foundation of pediatric anesthesiology rests upon a comprehensive understanding of both pharmacological principles and the specific physiological nuances inherent in children. Anesthetic agents and dosages must be meticulously tailored to each child's age, weight, and overall health status. Pediatric nurses must be equipped with profound knowledge of these variables to assess preoperative risks effectively and anticipate potential complications that may arise during administration. Furthermore. anesthesia pediatric population is uniquely susceptible to adverse reactions; thus, continuous and rigorous monitoring is paramount. Here, nurses serve as vigilant guardians, employing a range of assessment techniques and monitoring devices to observe vital signs, such as heart rate, blood pressure, and oxygen saturation, while also staying attuned to subtle deviations that may indicate distress or crisis [2].

The significance of the nursing role extends beyond mere observation; it involves active participation in the anesthetic process. Nurses are integral in pre-anesthetic collaborators assessments, contributing valuable insights into the patient's medical history, previous anesthetic experiences, and psychological readiness for surgery. Such information aids anesthesiologists in formulating comprehensive anesthetic plans tailored to each child's unique needs. During the intraoperative phase, nurses are tasked with monitoring the patient's response to anesthetic agents, employing sophisticated monitoring technologies and adhering to established protocols to ensure a safe and effective anesthetic experience. Their capacity to recognize, interpret, and respond to changes in the patient's clinical status ensures prompt intervention and mitigates the risk of adverse events [3].

Moreover, the role of nurses in educating families cannot be overlooked. Effective communication with caregivers regarding the anesthetic process, anticipated effects, and postoperative care is essential for alleviating anxiety and fostering a collaborative relationship. By providing reassurance and guidance, pediatric nurses help families navigate the complexities of surgical procedures and engage them in the care process, ensuring that they are well-informed advocates for their children's health [4].

In recent years, there has been a concerted effort to advance the training and specialization of nurses within the field of pediatric anesthesia. Programs and certifications specifically designed for pediatric perioperative nursing are increasingly recognized as essential for preparing nurses to handle the unique challenges associated with this population. Continuous professional development and interdisciplinary collaboration among anesthesia providers, surgeons, and nursing staff enhance the quality of care delivered in the operating room [5].

Despite the recognition of nurses' contributions in pediatric anesthesia monitoring, challenges persist within clinical practice. Variability in training, differences in institutional protocols, and the evolving nature of anesthetic techniques all play a role in shaping the nursing experience in the operating room. Research addressing these challenges, alongside the development of standardized best practices, is essential to optimize the effectiveness of nursing interventions and to assure the safety of pediatric patients undergoing anesthesia [6].

Preoperative Assessment and Patient Preparation:

The preoperative phase in pediatric surgery is crucial to ensure safety, efficacy, and comfort for young patients undergoing anesthesia. Given the unique physiological, psychological, and developmental considerations in children, the preoperative assessment and preparation for anesthesia must be thorough and tailored specifically to this demographic. Understanding these factors will aid anesthesiologists, surgeons, and pediatric staff in managing risks and achieving positive outcomes in the operating room.

Pediatric patients are not merely smaller versions of adults: thev exhibit distinct physiological differences that can affect anesthesia and surgical outcomes. Age-related variations in body weight, composition, organ maturity, and metabolic rates necessitate a comprehensive understanding of their unique requirements. For example, neonates and infants have higher surface area-to-volume ratios, leading to different pharmacokinetics of anesthetic agents. Additionally, respiratory rates and heart rates are significantly higher than in adult populations, influencing the anesthetic plan and intraoperative management [7].

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Preoperative Assessment

The preoperative assessment is a multifaceted process involving medical history, physical examination, and additional evaluations as needed. A thorough medical history should include:

- 1. **Previous Anesthetic Experiences:** Understanding any previous surgeries or anesthetic events, particularly adverse reactions, is essential. A child's history of anesthesia can help identify potential challenges in the upcoming procedure [8].
- 2. **Current Medical Conditions**: Chronic conditions, such as asthma, congenital heart defects, or developmental disorders, necessitate special considerations. An understanding of these conditions aids in planning the anesthetic and selecting appropriate monitoring devices.
- 3. **Medications**: A detailed review of any medications the child is currently taking, including over-the-counter products and herbal supplements, is vital. This review can help prevent drug interactions and determine the most suitable anesthetic protocols [8].
- 4. **Allergies**: Identifying any known allergies, especially to anesthetic agents, latex, or other hospital materials, is critical for safety.
- 5. **Nutritional Status**: Assessing the child's nutritional intake is also important, particularly in cases where prolonged fasting may lead to dehydration or electrolyte imbalances, affecting the anesthetic management [8].

A focused physical examination should assess the child's vital signs and overall health. Special emphasis should be placed on:

- Airway Evaluation: A thorough airway assessment, including inspection for signs of airway obstruction or anatomical abnormalities, is essential. Children present unique airway management challenges, such as smaller airways and varying anatomical features based on age [9].
- Cardiopulmonary Status: Evaluating lung function, heart sounds, and the presence of any cardiac murmurs or irregular rhythms can provide insights into the child's fitness for surgery.
- Neurological and Developmental Considerations: It is important to consider developmental milestones and existing neurological

conditions, as these can influence both anesthetic management and postoperative recovery [9].

Psychological Considerations

Emotional and psychological readiness for surgery plays a crucial role in pediatric anesthesia. Children often experience anxiety related to separation from caregivers, unfamiliar environments, or fear of the unknown. It is critical for healthcare providers to address these concerns through effective communication and reassurance [10].

- 1. **Family Involvement**: Engaging family members in the preoperative process helps alleviate anxiety. Caregivers should be informed about the procedure, expected anesthesia effects, and postoperative care.
- 2. **Child Life Specialists**: Many hospitals employ child life specialists who are trained to help children understand medical procedures through play, education, and support tailored to their developmental level.
- 3. **Preoperative Medications**: In some cases, preoperative sedation may be beneficial to reduce anxiety. Options such as oral midazolam can be considered for anxious children prior to surgical induction [10].

Preparation for Anesthesia

Upon completion of the assessment, the preparation phase for anesthesia involves formulating an anesthetic plan based on the child's individual needs. Considerations include:

- 1. **Anesthetic Technique**: Selection of an appropriate anesthetic technique is crucial. General anesthesia may be indicated for most pediatric surgeries, but regional techniques (such as peripheral nerve blocks) may be chosen for specific procedures to reduce intraoperative pain and facilitate smoother recoveries [11].
- 2. **Monitoring Plan**: Establishing a comprehensive monitoring plan tailored to the child's specific health condition and the anticipated anesthetic technique is critical for vigilance throughout the surgical procedure.
- 3. **Fasting Guidelines**: Adhering to appropriate fasting guidelines to minimize the risk of aspiration during anesthesia is essential. Given that children may require special considerations

based on their age and overall health, specific fasting protocols (e.g., clear liquids, breast milk, or formula) can help manage risks associated with intake [11].

4. **Materials and Equipment**: Ensuring that appropriate pediatric-specific equipment and medications are available in the operating room is paramount. This includes the selection of appropriately sized masks, endotracheal tubes, and monitoring systems to match the child's size [11].

Nursing Responsibilities During Anesthesia Administration:

Pediatric anesthesia administration is a critical aspect of patient care that requires specialized knowledge, skills, and practices designed to address the unique physiological and psychological needs of children. As healthcare professionals who are integral to this process, nurses play a vital role in ensuring patient safety, comfort, and optimal outcomes during surgical and procedural interventions [12].

Before delving into the specific responsibilities of nurses, it is essential to appreciate the distinct differences between pediatric and adult patients. Children are not merely small adults; they possess unique anatomical, physiological, and developmental characteristics that influence their responses to anesthesia. For instance, their metabolic rates, fluid distributions, and cognitive development differ significantly. Nurses involved in pediatric anesthesia must, therefore, be well-versed in age-appropriate guidelines, medication dosages, and potential complications [12].

One of the primary responsibilities of nurses during pediatric anesthesia administration begins long before the child enters the operating room. The preoperative assessment is a comprehensive evaluation of the child's medical history, physical status, and psychosocial factors. Performing this assessment involves gathering detailed information about any pre-existing medical conditions, allergies, and previous anesthesia experiences. Given that children may be particularly vulnerable to the side effects of anesthesia, this thorough evaluation is crucial to identify any potential risks and to plan accordingly [13].

In addition to the medical assessment, nurses are responsible for disseminating vital information to caregivers. This includes addressing any concerns regarding the anesthesia process, explaining the procedure in age-appropriate language to both the child and their parents, and outlining what to expect during the journey. By fostering a sense of understanding and control, nurses can help to mitigate the anxiety often experienced by children and their families before surgical procedures [14].

Another critical responsibility of nurses involves ensuring that informed consent is obtained. In pediatric cases, this responsibility typically falls on the parents or legal guardians. Nurses must facilitate this process by providing thorough explanations of the anesthesia plan, including the benefits, risks, and alternatives. It is imperative that nurses assess understanding and address any lingering questions that the guardians may have. This process not only serves to protect the child but also reinforces the partnership and trust between the healthcare team and the family [14].

Once the child is prepared and transported to the operating room, the nurse's role transitions into the intraoperative phase, where vigilance and precision become crucial. Nurses assist with the setup of the anesthesia equipment, including the anesthesia machine, monitoring devices, and intravenous lines. Ensuring that all equipment is functioning appropriately and is calibrated for pediatric use is essential to prevent complications. Key monitoring parameters, including heart rate, respiratory rate, oxygen saturation, and blood pressure, are continuously observed throughout the procedure [15].

Nurses also play a key role in the administration of anesthesia. They assist the anesthesiologist or nurse anesthetist in prepping and sometimes administering medications, including induction agents, analgesics, and maintenance anesthesia. Pediatric dosing calculations must be accurate, reflecting the child's weight and age to avoid underdosing or overdosing, which could result in severe consequences.

During the procedure, the pediatric patient's physiological responses are monitored closely, as children can exhibit variability in their responses to anesthesia. The nurse's responsibility includes not only monitoring vital signs but also looking for any signs of distress or abnormal reactions, ready to respond with appropriate interventions as needed [15].

Given the emotional and psychological needs of pediatric patients, nurses must also provide psychosocial support during anesthesia administration. It is essential to create a calm and reassuring environment, employing techniques such as distraction or comforting communication to help ease fears. Advocacy for the child's comfort often includes facilitating the presence of a parent or guardian in the operating room, when possible, to provide security during the induction of anesthesia [16].

Following the surgery, the nurse's responsibilities continue into the postoperative phase. This includes the careful monitoring of the child as they regain consciousness and the administration of post-anesthesia care. Watching for complications such as respiratory problems, excessive pain, or adverse reactions to anesthesia drugs is critical during this recovery period. The nurse must also assess the child's pain levels, offer relief as necessary, and ensure that the child can resume normal physiological functions such as eating, drinking, and mobility safely before discharge.

Education remains an essential aspect in the postoperative setting; nurses must inform parents about what to expect in the recovery process, including signs of potential complications, pain management strategies, and activity restrictions. Providing thorough discharge instructions facilitates a safe transition from the hospital to home, emphasizing parental competency in caring for their child after anesthesia [17].

Monitoring Techniques and Tools Utilized in Pediatric Anesthesia:

Pediatric anesthesia is a specialized branch of anesthesiology that focuses on providing safe and effective anesthesia care to children, from neonates to adolescents. This area of medicine presents a unique set of challenges due to the physiological and anatomical differences between children and adults. The safety and efficacy of anesthesia in pediatric patients hinge significantly on the appropriate selection and application of monitoring techniques and tools [18].

Monitoring during anesthesia is crucial to ensure patient safety, especially in the pediatric population. Children are often more susceptible to the adverse effects of anesthetic agents due to their developing organ systems, smaller body size, and varying physiological responses. Consequently, vigilant monitoring helps anesthesiologists detect complications early, adjust anesthetic depth, and support vital organ function. The American Society of Anesthesiologists (ASA) outlines standard monitoring practices that aim to ensure the well-being of patients undergoing surgical procedures. In pediatric anesthesia, specific adaptations are necessary to cater to the unique intricacies of younger patients [19].

Basic Monitoring Techniques

Common to all anesthesia practices, basic monitoring techniques include continuous observation of vital signs: heart rate, blood pressure, respiratory rate, and oxygen saturation. These parameters are critical indicators of a patient's physiological status throughout the perioperative period [20].

- 1. **Pulse Oximetry**: Pulse oximeters are fundamental tools in monitoring oxygen saturation levels in pediatric patients. Given that children often present with respiratory problems or may experience desaturation during anesthesia, pulse oximetry provides real-time feedback on oxygen levels in the blood. Given the smaller size of pediatric fingers, specialized pediatric probes are tailored to ensure accurate readings [21].
- 2. **Electrocardiography** (ECG): Continuous ECG monitoring is essential for detecting arrhythmias and other cardiac anomalies during surgery. In pediatrics, proper lead placement and electrode size are crucial for obtaining reliable data. Pediatric-specific ECG monitors accommodate the unique heart rate ranges and sizes of children, thus ensuring precise measurements.
- 3. Non-invasive Blood Pressure Monitoring: Blood pressure may fluctuate significantly in pediatric patients, making non-invasive blood pressure monitoring vital. Oscillometric techniques or automated cuffs are frequently employed. Given the smaller arm circumference of younger patients, specific cuff sizes must be utilized to ensure accurate readings [22].

Advanced Monitoring Techniques

In addition to basic monitoring, advanced techniques are increasingly integrated into pediatric anesthesia practice. These methods provide deeper

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insights into the physiological status of the patient and aid in the management of complex surgical cases [23].

- 1. **Invasive Blood Pressure Monitoring**: For high-risk pediatric patients or those undergoing major surgeries, invasive blood pressure monitoring may be warranted. An arterial line provides continuous blood pressure readings, allowing for precise hemodynamic assessment and rapid intervention if necessary. Utilizing smaller catheters designed for pediatric use ensures patient safety [24].
- 2. **Capnography**: Monitoring exhaled carbon dioxide levels through capnography is essential in assessing respiratory function and ensuring proper ventilation. Capnometers are integrated into anesthesia machines, providing real-time data on the patient's ventilation status. In pediatric patients, the ability to detect hypoventilation or airway obstruction prevents serious complications and reinforces the need for effective airway management [25].
- 3. **Bispectral Index (BIS) Monitoring:** The use of a bispectral index monitor allows anesthesiologists to assess the depth of anesthesia in real-time. This is particularly beneficial in pediatric patients, where depth of anesthesia must be carefully titrated to avoid underdosing or overdosing. BIS monitoring can contribute to faster recovery times and reduced postoperative complications by ensuring optimal anesthetic levels [26].

Emerging Technologies and Innovations

Advancements in technology have led to the development of innovative monitoring tools tailored for the pediatric population [27].

- 1. **Telemonitoring**: With the rise of telemedicine, remote monitoring systems allow healthcare providers to monitor pediatric patients in real-time during surgery. This technology facilitates collaboration between anesthesiologists and pediatricians, enhancing patient safety, especially in facilities with fewer specialized resources.
- 2. **Wearable Monitoring Devices**: Emerging wearable technologies are being developed that can monitor a range of physiological parameters continuously, offering a non-invasive and efficient method of tracking patient status both preoperatively and postoperatively. These devices

can alert clinicians to any concerning deviations from normal parameters, potentially improving outcomes [28].

3. Artificial Intelligence (AI) and Machine **Learning**: The integration of AI-driven analytics into monitoring systems can improve decisionmaking processes in anesthesia care. AI can analyze in real datasets time, providing anesthesiologists with predictive analytics concerning patient outcomes. This innovative approach can enhance risk stratification and customize monitoring protocols based on individual patient data [28].

Management of Anesthesia-Related Complications:

Anesthesia plays a pivotal role in modern pediatric surgery, facilitating necessary procedures while ensuring that children experience minimal pain and distress. However, the administration of anesthesia in this vulnerable population is fraught with unique challenges and potential complications that require astute management to mitigate risks and ensure safety. Understanding the nature of pediatric anesthesia-related complications, their incidence, and the strategies for their management are critical for anesthesiologists and the broader surgical team.

Pediatric patients exhibit distinct physiological and developmental differences compared to adults, which significantly influence their response to anesthetic agents. Complications can arise from a variety of factors, encompassing respiratory issues, cardiovascular instability, neurologic concerns, allergic reactions, and adverse outcomes related to drug administration and dosage. The incidence of complications may vary based on the child's health status, the type of procedure undertaken, and the anesthetic techniques employed [29].

Common complications include respiratory depression, airway obstruction, hypotension, bradycardia, allergic reactions, and postoperative nausea and vomiting (PONV). More severe complications, although rarer, may include anaphylaxis, cardiac arrest, and prolonged sedation. The multifaceted nature of these complications necessitates a comprehensive understanding of their etiology, careful monitoring during anesthesia, and effective intervention strategies [30].

Effective management of anesthesia-related complications begins long before the patient enters the operating room. A thorough preoperative assessment is essential to identify any existing medical conditions, allergies, or anatomical difficulties that might predispose the child to anesthesia-related issues. This assessment usually involves a detailed medical history, physical examination, and, when indicated, laboratory tests or imaging studies [31].

Special considerations must be afforded to pediatric patients with comorbidities, such as respiratory conditions (e.g., asthma), cardiac anomalies, or obesity, which can heighten the risk of complications. The anesthesiologist should adopt a tailored anesthetic plan that includes the selection of appropriate agents, routes of administration, and monitoring techniques based on the patient's specific needs [32].

In managing pediatric anesthesia, a range of techniques is available, including general anesthesia, regional anesthesia, and sedation. Each of these techniques has its set advantages and potential complications. For instance, general anesthesia is commonly used due to its versatility in facilitating various surgical interventions, but it is associated with a higher incidence of respiratory depression and airway complications. Hence, adequate preparation and vigilance are paramount [33].

The anesthesiologist must ensure that the appropriate airway management techniques are in place, which may involve the use of intubation, laryngeal masks, or bag-mask ventilation depending on the patient's size, condition, and anticipated surgical duration. Advanced monitoring tools, such as capnography, pulse oximetry, and continuous blood pressure monitoring, must be utilized to ensure timely detection of any adverse changes in the patient's condition [34].

Despite proper planning, complications can arise rapidly and unexpectedly in the operating room. An effective response relies on the immediate recognition of symptoms and the establishment of protocols to address them.

For example, signs of respiratory depression, such as decreased respiratory rate and desaturation on pulse oximetry, require immediate action, including the adjustment of the anesthetic depth, administration of supplemental oxygen, or even airway repositioning. In cases of airway obstruction, techniques such as the chin-lift maneuver or the application of bag-mask ventilation may be necessary [35].

Cardiovascular complications, including hypotension or bradycardia, must also be addressed urgently. The anesthesiologist should be prepared to administer fluid resuscitation or vasoactive medications to stabilize hemodynamics. Similarly, if an allergic reaction or anaphylaxis is suspected, the rapid administration of epinephrine, intravenous fluids, and antihistamines is essential in managing life-threatening symptoms [36].

Recognizing and treating postoperative complications, such as PONV, is also crucial. Antiemetic medications can be administered preemptively or at the onset of nausea, and caregivers should be educated on responsive measures in the recovery room.

The complexity of pediatric anesthesia necessitates a collaborative approach involving not only the anesthesiologist but also surgeons, pediatricians, nurses, and parents. Clear communication among the surgical team can greatly enhance safety measures and protocols for addressing complications [37].

Incorporating parents into the care process is equally important. Educating parents about the potential risks associated with anesthesia and the signs and symptoms of complications can empower them to alert the medical team promptly if any concerns arise during the perioperative period [38].

Finally, meticulous postoperative follow-up is essential to monitor for delayed complications that may occur after a child leaves the operating room. Healthcare providers should ensure that the recovery area is equipped with the necessary protocols to monitor patients and intervene as needed. Regular assessments of vital signs, neurological status, and pain levels can help guide postoperative care and improve outcomes [39].

Psychological Support for Pediatric Patients and Families:

In the realm of pediatric healthcare, the psychological well-being of young patients and their families is of paramount importance, especially in the context of surgical interventions. Surgery and

anesthesia can be daunting experiences for children, eliciting feelings of anxiety, fear, and uncertainty about what to expect. These emotional responses are not limited to the child; families often share in these worries, amplifying the need for comprehensive psychological support. Effective psychological support not only alleviates fear and anxiety but also promotes better surgical outcomes, underscoring the significance of an integrated approach that addresses the emotional needs of pediatric patients and their families.

Children undergoing surgery often experience various forms of anxiety, including preoperative anxiety, which can interfere with their coping mechanisms. According to research, factors contributing to this anxiety include a lack of understanding about the surgical process, fear of the unknown, parental anxiety, and previous medical experiences. Younger children, especially, may struggle to articulate their fears, leading to increased emotional distress. Recognizing and understanding these factors is the first step in providing effective psychological support [40].

Psychological support serves multiple purposes in the pediatric surgical context. It allows healthcare providers to assess the emotional status of the child, educate both the child and their family about the procedure, provide coping strategies, and create an environment conducive to reducing anxiety. This support can be delivered through various methods, including preoperative counseling, play therapy, and family therapy, all tailored to meet the unique needs of the child and their family [41].

Preoperative counseling is one of the most effective methods of psychological support. During this stage, professionals. including healthcare pediatric anesthesiologists and surgeons, engage conversations with the child and their family. This process involves providing information about the surgical procedure, explaining what to expect before, during, and after the operation, and addressing specific fears or misconceptions. Tailoring the information to the child's developmental level is crucial. For instance, younger children might benefit from simplified explanations and the use of visual aids, such as dolls or videos, that illustrate the surgical process. For older children, providing detailed information and allowing them to ask questions can foster a sense of control and understanding [42].

Play therapy serves as an invaluable tool in alleviating anxiety in pediatric patients. Through play, children can express their feelings, understand their fears, and develop coping mechanisms. Healthcare practitioners can facilitate play therapy sessions that incorporate medical play, where children use toys to mimic surgical procedures. This form of therapy helps demystify the process, allowing children to visualize what will happen in a safe and controlled environment. Activities such as drawing or storytelling can also provide emotional release and give children a platform to communicate their apprehensions and curiosities [43].

The role of the family during the preoperative phase cannot be overstated. Parents and caregivers often experience significant anxiety, which inadvertently transfer to the child. To mitigate this, it is essential to involve families in the preoperative process. Providing education and support to parents helps them develop effective coping strategies and equips them to support their child better. Familycare centered models encourage communication between the healthcare team and families, ensuring that families feel empowered and throughout the surgical Moreover, involving siblings in educational activities can help create a supportive atmosphere, reducing the overall stress within the family unit [44].

Equipping children and their families with coping strategies is paramount in fostering resilience in the face of surgery. Techniques such as deep breathing exercises, guided imagery, and mindfulness practices can be taught preoperatively. These strategies not only serve to alleviate anxiety but also encourage a sense of agency in the child. Parents can also be coached on how to create a positive preoperative environment, using affirmations and calming narratives to foster a reassuring presence for their child [45].

Anxiety surrounding anesthesia is another critical area of concern in preoperative psychological support. Many children harbor fears related to going to sleep and not waking up, an anxiety exacerbated by myths and misconceptions. Providing personalized explanations regarding anesthesia, its safety, and the monitoring procedures in place can significantly ease these concerns. Involving anesthesiologists in preoperative discussions can

help demystify this part of the surgical process, thus fostering trust and alleviating fears [46].

Postoperative Monitoring and Recovery Care:

The postoperative period is a critical phase in the surgical journey, especially for pediatric patients. With advancements in anesthesia and surgical techniques, the safety and efficacy of procedures performed on children have greatly improved. However, despite these advancements, careful monitoring and appropriate postoperative care remain pivotal in ensuring patient safety, minimizing complications, and facilitating optimal recovery [47].

Understanding the Unique Considerations in Pediatric Anesthesia

Anesthesia in pediatric patients poses distinct challenges compared to adult patients. Children, particularly infants and toddlers, have different physiological characteristics that influence their responses to anesthesia and surgery. Factors such as body mass, metabolic rates, organ maturity, and neurological development necessitate a tailored approach to adapting anesthesia techniques and monitoring protocols for young patients [48].

Despite the similarities in the overall anesthetic process, children are often more sensitive to drugs, may have a higher incidence of respiratory complications, and can exhibit unpredictable responses to pain relief. Furthermore, their psychological and emotional states during the postoperative phase can also differ significantly from those of adults since children are often more vulnerable to anxiety and fears associated with surgery and recovery. Thus, comprehensive monitoring and specialized care strategies are crucial in the postoperative phase [49].

The Importance of Postoperative Monitoring

Postoperative monitoring is defined as the systematic observation and assessment of a patient following surgical intervention and anesthesia. In the context of pediatric patients, this involves numerous parameters that need to be closely evaluated:

Vital Signs Assessment: Continuous monitoring of vital signs, including heart rate, blood pressure, respiratory rate, and oxygen saturation, is critical. Vital signs are the first indicators of a child's status

and can help identify potential complications. Children, especially those undergoing major surgeries, need to be hemodynamically stable; any deviations from baseline measurements necessitate immediate investigation and intervention [50].

Neurological Assessment: The of return consciousness and neurological function is a key priority after anesthesia. Standard assessments, such as the Glasgow Coma Scale (GCS), can help evaluate a child's responsiveness. In particular, the age-appropriate developmental responses is crucial. Healthcare professionals should continuously evaluate both the level consciousness and motor function [51].

Pain Management: Adequate pain control is essential for facilitating recovery. Pain assessment in children, particularly those unable to communicate verbally, requires the use of age-appropriate scales, such as the FLACC (Face, Legs, Activity, Cry, Consolability) scale for younger patients. Multimodal analgesia, involving the use of various medications and techniques, can help achieve effective pain management while minimizing opioid usage and related side effects [52].

Fluid Balance and IV Line Monitoring: Maintaining appropriate hydration and electrolytic balance is vital in postoperative care. This involves monitoring intravenous (IV) lines, assessing fluid intake and output, and keeping track of electrolyte levels to prevent complications such as dehydration and imbalances [53].

Monitoring Surgical Incisions and Wounds: Regular inspections of surgical sites must be conducted to identify any signs of infection, excessive bleeding, or abnormal swelling. Children are at risk for complications, and early detection can greatly reduce the risk of further issues [54].

Challenges in Pediatric Postoperative Care

Caring for children post-anesthesia involves unique psychological and behavioral considerations. For many children, the experience of surgery and associated anesthesia can lead to postoperative anxiety and behavioral issues. These manifestations might include agitation, confusion, or, in some cases, delirium. Pediatric healthcare providers should be knowledgeable about the potential for emergence delirium and be prepared to implement

strategies, including environmental modifications and calming techniques, to mitigate these instances [54].

Furthermore, the family's role in a child's recovery cannot be underestimated. Parents and caregivers often bear the emotional burden of their child undergoing surgery, contributing to their anxiety during the postoperative period. Ensuring effective communication, providing reassurance, and involving parents in care-related decisions enhance overall wellbeing. Information sharing about the recovery process, potential side effects, and what to expect can alleviate parental fears [55].

Best Practices for Postoperative Pediatric Care

To optimize postoperative outcomes for children recovering from anesthesia, various best practices should be implemented by healthcare teams [55].

Dedicated Pediatric Recovery Units: Establishing specialized recovery rooms with trained pediatric nurses can greatly improve postoperative outcomes. These units should provide age-appropriate environments that cater to the psychological and physical needs of young patients [56].

Multidisciplinary Approach: Collaboration among surgical teams, anesthesiologists, nurses, child life specialists, and pain management experts is key in providing comprehensive care. A multidisciplinary approach ensures that all aspects of a child's recovery, from surgical care to emotional support, receive adequate attention [57].

Parental Presence and Involvement: Encouraging parents to be present in the recovery room, when appropriate, can provide reassurance for children. Involving parents in care, when possible, can also help parents feel more empowered and informed about their child's recovery [57].

Education and Communication: Providing both children and their caregivers with clear information about the postoperative process fosters understanding and alleviates fears. Tailored educational materials. using visuals demonstrations, can be beneficial for both children and their families [58].

Scheduled Follow-ups: Postoperative follow-ups are vital for monitoring a child's recovery and addressing any lingering concerns. Structured follow-up strategies can help families know when to

seek additional care if their child's recovery does not progress as expected [58].

Training and Competence of Nursing Staff in Pediatric Anesthesia:

Pediatric anesthesia presents unique challenges that require a specialized skill set and profound knowledge of both the anesthetic management and the physiological differences in children compared to adults. The role of nursing staff in pediatric anesthesia is pivotal, encompassing not only direct patient care but also collaboration with the entire healthcare team to ensure the safety and comfort of pediatric patients. Given the complexities involved, the training and competence of nursing staff in this field are critical to optimizing patient outcomes and minimizing risks associated with anesthesia [59].

The Importance of Specialized Training

The significance of specialized training for nursing staff in pediatric anesthesia cannot be overstated. Children are not merely small adults; their physiological and psychological responses to anesthesia can differ markedly. For instance, their metabolic rates, fluid requirements, and the way they process drugs are distinct from those of adults. This necessitates not only a foundational understanding of pediatric physiology and pharmacology but also the ability to recognize and respond to potential complications that may arise during anesthesia care [59].

- 1. **Educational Pathways**: The journey towards competence in pediatric anesthesia typically begins with a robust educational foundation in nursing. Registered nurses (RNs) often pursue advanced degrees such as a Master of Science in Nursing (MSN) or a Doctor of Nursing Practice (DNP), with a focus on anesthesia. Additionally, many pursue certification as Certified Registered Nurse Anesthetists (CRNAs), which involves rigorous clinical training and national certification. This advanced training is crucial, as it equips nurses with the skills necessary to administer anesthesia safely and to manage the unique needs of pediatric patients [60].
- 2. **Simulation-Based Learning**: Incorporating simulation-based learning into the training curriculum has proven effective in enhancing the competencies of nursing staff in pediatric anesthesia. High-fidelity simulation allows

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nurses to practice critical skills in a safe environment and provides opportunities to engage in decision-making under pressure. This method not only improves technical skills but also fosters teamwork and communication, which are essential components of pediatric anesthesia care [60].

Competence in Pediatric Anesthesia

Competence in pediatric anesthesia is multifaceted, integrating both theoretical knowledge and practical skills. The core competencies required for nursing staff in this area include:

- 1. Clinical Assessment Skills: Proficient clinical assessment skills are foundational to the safe administration of anesthesia. Nurses must be adept at performing thorough pre-anesthetic evaluations, which include obtaining comprehensive medical histories, conducting physical assessments, and identifying potential anesthetic-related risks specific to pediatric patients. This involves an understanding of common pediatric conditions and their implications for anesthesia care [61].
- 2. **Patient and Family Education**: Educating children and their families about the anesthesia process is an essential aspect of nursing roles in pediatric settings. Effective communication skills are vital in alleviating apprehensions and helping families understand the procedures involved. This educational component is crucial for establishing trust and cooperation from young patients, which can significantly influence the overall experience and procedural success [61].
- 3. **Emergency Response Skills**: Pediatric patients can deteriorate rapidly; therefore, nursing staff must be competent in recognizing and responding to emergencies. This includes managing respiratory issues, allergic reactions, and other complications that may arise during anesthetic procedures. Regular training in advanced cardiovascular life support (ACLS) and pediatric advanced life support (PALS) is essential for maintaining readiness to respond to emergencies [62].
- 4. **Technical Proficiency**: The administration of anesthetics involves the use of various intricate equipment and the application of specific techniques for intravenous access, airway management, and monitoring vital signs. Competence in these technical skills is critical.

Nursing staff must be trained not only in the use of pediatric-specific tools but also in understanding the pharmacokinetics and pharmacodynamics of anesthetic agents appropriate for different age groups [62].

Continuous Professional Development

Given the rapid advancements in anesthetic techniques and technologies, continuous professional development is necessary for nursing staff involved in pediatric anesthesia. Opportunities for ongoing education include participation in workshops, seminars, and specialized courses that focus on the latest research and innovations in pediatric anesthesia. Additionally, engaging in professional organizations, such as the American Society of PeriAnesthesia Nurses (ASPAN) and the American Association of Nurse Anesthetists (AANA), allows nurses to access valuable resources, networking opportunities, and updated clinical guidelines [63].

The role of nursing staff in pediatric anesthesia goes beyond individual responsibilities; it requires effective collaboration within a multidisciplinary team. Anesthesia providers, pediatric surgeons, and other healthcare team members must communicate openly and work synergistically to develop comprehensive care plans tailored to the unique needs of each child. Nursing staff often serve as the bridge between patients and physicians, advocating for the best interests of their patients and ensuring that the anesthesia care provided aligns with their specific circumstances [64].

Conclusion:

In conclusion, nurses play an indispensable role in the safe and effective monitoring of pediatric anesthesia in the operating room. responsibilities encompass a wide range of critical tasks, from conducting thorough preoperative assessments to providing vigilant intraoperative monitoring and postoperative care. By leveraging their specialized knowledge and skills, nurses ensure the continuous evaluation of vital signs and immediate identification of any potential complications, thereby safeguarding the well-being of pediatric patients during surgery.

Moreover, the emotional support that nurses provide to children and their families is equally vital in alleviating anxiety and fostering a trusting environment. Their ability to communicate effectively and educate parents about the anesthesia process contributes significantly to a positive surgical experience. As healthcare continues to evolve, ongoing training and professional development for nursing staff will be essential to maintaining high standards of care and adapting to advancements in pediatric anesthesia practices. Ultimately, the collaborative efforts of nurses, anesthesiologists, and surgical teams are crucial in achieving successful outcomes and enhancing the overall quality of care for pediatric patients undergoing surgical procedures.

References:

- Frassica J.J., Miller E.C. Anesthesia Management in Pediatric and Special Needs Patients Undergoing Dental and Oral Surgery. Int. Anesthesiol. Clin. 1989;27:109–115. doi: 10.1097/00004311-198902720-00008.
- Rathi M.D., Kashani R., Chinn C.H., Nandi S.S. Compliance of Special Health Care Needs and Healthy Pediatric Patients with Preventive Visits after Dental Treatment under General Anesthesia. J. Dent. Child. 2021;88:74–79.
- Stanková M., Buček A., Dostálová T., Ginzelová K., Pacáková Z., Seydlová M. Patients with Special Needs within Treatment under General Anesthesia-Meta-Analysis. Prague Med. Rep. 2011;112:216–225.
- Graham R.J., Wachendorf M.T., Burns J.P., Mancuso T.J. Successful and Safe Delivery of Anesthesia and Perioperative Care for Children with Complex Special Health Care Needs. J. Clin. Anesth. 2009;21:165–172. doi: 10.1016/j.jclinane.2008.06.033.
- Chaudhary K., Bagharwal P., Wadhawan S. Anesthesia for Intellectually Disabled. J. Anaesthesiol. Clin. Pharmacol. 2017;33:432–440. doi: 10.4103/joacp.JOACP_357_15.
- Caicedo C. Families with Special Needs Children: Family Health, Functioning, and Care Burden. J. Am. Psychiatr. Nurses Assoc. 2014;20:398–407. doi: 10.1177/1078390314561326.
- 7. Mitchell V., Howard R., Facer E. Down's Syndrome and Anaesthesia. Paediatr. Anaesth.

- 1995;5:379–384. doi: 10.1111/j.1460-9592.1995.tb00331.x.
- American Academy of Pediatric Dentistry Council on Clinical Affairs Guideline on Management of Dental Patients with Special Health Care Needs. Pediatr. Dent. 2012;34:160– 165.
- Lollar D.J., Hartzell M.S., Evans M.A. Functional Difficulties and Health Conditions among Children with Special Health Needs. Pediatrics. 2012;129:e714–e722. doi: 10.1542/peds.2011-0780.
- 10. Bouchard M., Bauer J.M., Bompadre V., Krengel W.F. An Updated Algorithm for Radiographic Screening of Upper Cervical Instability in Patients With Down Syndrome. Spine Deform. 2019;7:950–956. doi: 10.1016/j.jspd.2019.01.012.
- Hernández-Guisado J.-M., Rodríguez-Caballero A., Torres-Lagares D., Serrera-Figallo M.-A., Machuca-Portillo G. Cri Du Chat Syndrome: A Critical Review. Med. Oral Patol. Oral Cir. Bucal. 2010;15:e473–e478. doi: 10.4317/medoral.15.e473.
- 12. Ward P.H., Engel E., Nance W.E. The Larynx in the Cri Du Chat (Cat Cry) Syndrome. Laryngoscope. 1968;78:1716–1733. doi: 10.1288/00005537-196810000-00005.
- 13. Roizen N.J., Patterson D. Down's Syndrome. Lancet. 2003;361:1281–1289. doi: 10.1016/S0140-6736(03)12987-X.
- 14. Mainardi P.C., Pastore G., Castronovo C., Godi M., Guala A., Tamiazzo S., Provera S., Pierluigi M., Bricarelli F.D. The Natural History of Cri Du Chat Syndrome. A Report from the Italian Register. Eur. J. Med. Genet. 2006;49:363–383. doi: 10.1016/j.ejmg.2005.12.004.
- 15. Freeman S.B., Bean L.H., Allen E.G., Tinker S.W., Locke A.E., Druschel C., Hobbs C.A., Romitti P.A., Royle M.H., Torfs C.P., et al. Ethnicity, Sex, and the Incidence of Congenital Heart Defects: A Report from the National Down Syndrome Project. Genet. Med. 2008;10:173–180. doi: 10.1097/GIM.0b013e3181634867.
- 16. Hickey F., Hickey E., Summar K.L. Medical Update for Children with Down Syndrome for

- the Pediatrician and Family Practitioner. Adv. Pediatr. 2012;59:137–157. doi: 10.1016/j.yapd.2012.04.006.
- 17. Mallineni S.K., Yiu C.K.Y. Dental Treatment under General Anesthesia for Special-Needs Patients: Analysis of the Literature. J. Investig. Clin. Dent. 2016;7:325–331. doi: 10.1111/jicd.12174.
- 18. Rodríguez-Caballero A., Torres-Lagares D., Rodríguez-Pérez A., Serrera-Figallo M.-A., Hernández-Guisado J.-M., Machuca-Portillo G. Cri Du Chat Syndrome: A Critical Review. Med. Oral Patol. Oral Cir. Bucal. 2010;15:e473–e478. doi: 10.4317/medoral.15.e473.
- 19. Brislin R.P., Stayer S.A., Schwartz R.E. Anaesthetic Considerations for the Patient with Cri Du Chat Syndrome. Paediatr. Anaesth. 1995;5:139–141. doi: 10.1111/j.1460-9592.1995.tb00262.x.
- 20. Olin K., Klinga C., Ekstedt M., Pukk-Härenstam K. Exploring everyday work as a dynamic non-event and adaptations to manage safety in intraoperative anaesthesia care: An interview study. BMC Health Serv. Res. 2023;23:651. doi: 10.1186/s12913-023-09674-3.
- 21. Flanagan J.C. The critical incident technique. Psychol. Bull. 1954;51:327–358. doi: 10.1037/h0061470.
- 22. Thomi M., Pfammatter J.P., Spichiger E. Parental emotional and hands-on work— Experiences of parents with a newborn undergoing congenital heart surgery: A qualitative study. J. Spec. Pediatr. Nurs. 2019;24:e12269. doi: 10.1111/jspn.12269.
- 23. Dahlberg K., Brady J.M., Jaensson M., Nilsson U., Odom-Forren J. Education, Competence, and Role of the Nurse Working in the PACU: An International Survey. J. Perianesth. Nurs. 2021;36:224–231.e6. doi: 10.1016/j.jopan.2020.08.002.
- 24. Hsu G., von Ungern-Sternberg B.S., Engelhardt T. Pediatric airway management. Curr. Opin. Anaesthesiol. 2021;34:276–283. doi: 10.1097/ACO.00000000000000993.
- Apfelbaum J.L., Silverstein J.H., Chung F.F.,
 Connis R.T., Fillmore R.B., Hunt S.E.,
 Nickinovich D.G., Schreiner M.S. Practice

- guidelines for postanesthetic care: An updated report by the American Society of Anesthesiologists Task Force on Postanesthetic Care. Anesthesiology. 2013;118:291–307. doi: 10.1097/ALN.0b013e31827773e9.
- 26. NEWS-24 Clinical Response to NEWS: National Early Warning Score Triggers. 2018.
- Nibbelink C.W., Brewer B.B. Decision-making in nursing practice: An integrative literature review. J. Clin. Nurs. 2018;27:917–928. doi: 10.1111/jocn.14151.
- 28. Vimlati L., Gilsanz F., Goldik Z. Quality and safety guidelines of postanaesthesia care: Working Party on Post Anaesthesia Care (approved by the European Board and Section of Anaesthesiology, Union Européenne des Médecins Spécialistes). Eur. J. Anaesthesiol. 2009;26:715–721. doi: 10.1097/EJA.0b013e32832bb68f.
- 29. Miller R.D., Eriksson L.I., Wiener-Kronish J.P., Young W.L., editors. Miller's Anesthesia. 7th ed. Churchill-Livingstone Elsevier; Philadelphia, PA, USA: 2010. pp. 1573–1610.
- 30. Melin-Johansson C., Palmqvist R., Rönnberg L. Clinical intuition in the nursing process and decision-making-A mixed-studies review. J. Clin. Nurs. 2017;26:3936–3949. doi: 10.1111/jocn.13814.
- 31. Barone C.P., Pablo C.S., Barone G.W. A history of the PACU. J. Perianesth. Nurs. 2003;18:237–241. doi: 10.1016/s1089-9472(03)00130-8.
- 32. ESAIC European Society of Anaesthesiology and Intensive Care; n.d.
- 33. Swedish National Board of Health and Welfare. 2021.
- 34. Tong A., Sainsbury P., Craig J. Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. Int. J. Qual. Health Care. 2007;19:349–357. doi: 10.1093/intqhc/mzm042.
- 35. Zeitz K., McCutcheon H. Observations and vital signs: Ritual or vital for the monitoring of postoperative patients? Appl. Nurs. Res. 2006;19:204–211. doi: 10.1016/j.apnr.2005.09.005.

- 36. Mamaril M.E. Preoperative risk factors associated with PACU pediatric respiratory complications: An integrative review. J. Perianesth. Nurs. 2020;35:125–134. doi: 10.1016/j.jopan.2019.09.002.
- 37. Fridlund B., Henriksson M., Mårtensson J. Critical incident technique applied in nursing and healthcare sciences. SOJ Nurs. Health Care. 2017;3:1–5.
- 38. ASA American Society of Anaesthesiologists. Standards for Postanesthesia Care. 2019.
- 39. Apfelbaum J.L., Silverstein J.H., Chung F.F., Connis R.T., Fillmore R.B., Hunt S.E., Nickinovich D.G., Schreiner M.S. Practice guidelines for postanesthetic care: An updated report by the American Society of Anesthesiologists Task Force on Postanesthetic Care. Anesthesiology. 2013;118:291–307. doi: 10.1097/ALN.0b013e31827773e9.
- 40. Tower M., Chaboyer W., Green Q., Dyer K., Wallis M. Registered nurses' decision-making regarding documentation in patients' progress notes. J. Clin. Nurs. 2012;21:2917–2929. doi: 10.1111/j.1365-2702.2012.04135.x.
- 41. Hoch K. Current evidence-based practice for pediatric emergence agitation. AANA J. 2019;87:495–499.
- 42. Di Cicco M., Kantar A., Masini B., Nuzzi G., Ragazzo V., Peroni D. Structural and functional development in airways throughout childhood: Children are not small adults. Pediatr. Pulmonol. 2021;56:240–251. doi: 10.1002/ppul.25169.
- 43. McNeill M.M., Hardy Tabet C. The Effectiveness of Capnography Versus Pulse Oximetry in Detecting Respiratory Adverse Events in the Postanesthesia Care Unit (PACU): A Narrative Review and Synthesis. J. Perianesth. Nurs. 2022;37:264–269.e1. doi: 10.1016/j.jopan.2021.03.013.
- 44. Selvaraju V., Spicher N., Wang J., Ganapathy N., Warnecke J.M., Leonhardt S., Swaminathan R., Deserno T.M. Continuous Monitoring of Vital Signs Using Cameras: A Systematic Review. Sensors. 2022;22:4097. doi: 10.3390/s22114097.
- 45. Quintero A, Yasnó D A, Riveros OL, Castillo J, Borráez BA. Ansiedad en el paciente

- prequirúrgico: un problema que nos afecta a todos. Rev. Colomb. Cir. 2019;32(2):115–120.
- 46. Álvarez CA, Guevara CE, Valderrama SL, Sefair CF, Cortes JA, Jiménez M F, et al. Recomendaciones prácticas para la antisepsia de la piel del paciente antes de cirugía. Infectio. 2017;21(3):182–191.
- 47. Jaruzel CB, Gregoski MJ. Instruments to measure preoperative acute situational anxiety: An integrative review. AANA Journal. 2017;85(1):31–35.
- 48. Medina Garzón M, Castaño Plata María C, Moreno Herrera Cristhian C. Preparación de la piel para la prevención de la Infección del Sitio Operatorio: Revisión de Alcance. Rev. Cuid. 2021;12(2):e1054.
- 49. Urchaga JD, Morán Astorga C, Fínez-Silva MJ. La religiosidad como fortaleza humana. Int. J. Dev. Euc Psychol. 2019;1(1):309–316.
- 50. Porras-Caballero FC, Rosales Sánchez KP, Medellín Navarro DV, Sánchez Jáuregui DF. Aplicación de técnicas de relajación en pacientes preoperatorios, hospitalizados y sus cuidadores. Dilemas Contemp. Educ. Política Valores. 2020;8(spe5):00015–00015.
- 51. Remes O, Brayne C, Linde DVR, Lafortune L. A systematic review of reviews on the prevalence of anxiety disorders in adult populations. Brain Behav. 2016;6(7):e00497.
- 52. Fonseca M. Importancia de los aspectos espirituales y religiosos en la atención de pacientes quirúrgicos. Rev. Cir. 2016;68(3):258–264.
- 53. Salazar Maya AM. Conviviendo con la ambivalencia en las interacciones de cuidado. Bogotá: Universidad Nacional de Colombia; 2008.
- 54. Hernández RC, Gómez-Urquiza LJ, Pradas-Hernández L, Roman VK, Suleiman-Martos N, Albendín-García L, et al. Effectiveness of nursing interventions for preoperative anxiety in adults: A systematic review with meta-analysis. J. Adv. Nurs. 2021;77(8):3274–3285.
- 55. Vasconez Correa MS, Reyes Rueda EY, García Maldonado JA. Manejo de sitio quirúrgico como

- riesgo de infección de heridas en pacientes hospitalizados. Pol. Con. 2019;4(10):162–196.
- 56. Capote Guerrero G, Labrada Tapia DA, Sosa García D, Gorgoso Vázquez A. Ayuno preoperatorio. Multimed. 2020;24(5):1221– 1232.
- 57. Hernández Mayhua IH, Velásquez Rondón S. Effects of Spiritual Care on Situational Anxiety of Surgical Patients. Rev. Cub. Enferm. 2021;37(1):e3914.
- 58. Hoch K. Current evidence-based practice for pediatric emergence agitation. AANA J. 2019;87:495–499.
- Sermejo J C. Salir de la noche. Por una enfermería humanizada. Madrid: Sal Térrea; 1999.
- 60. Ministerio de la Protección Social. Garantizar la funcionalidad de los procedimientos de consentimiento informado. 2009.
- 61. Centro para el control y prevención de enfermedades, CDC. Guía para la prevención de infecciones en entornos de atención médica ambulatoria: expectativas mínimas para la atención segura. 2016.
- 62. Labrague JL, McEnroe-Petitte MD. Influence of music on preoperative anxiety and physiologic parameters in women undergoing gynecologic surgery. Clin. Nurs. Res. 2016;25(2):157–173.
- 63. Abad-Torrent A. Actualización 2017. Guías prácticas para el ayuno preoperatorio. ¿Alguna novedad? Anestesiar. 2018;10(5):3–3.
- 64. Monteiro da Costa AK, Pereira Campos MC, Santos JDM, Silva Machado Raylane da, Nogueira LT, Andrade Santos EMR. Efecto de la intervención educativa en el postoperatorio de personas con ostomias intestinales de eliminación: revisión sistemática. Enferm. Glob. 2020;19(57):648–690.