

UNIVERSITY HEALTH CARE
HOSPITALS AND CLINICS
Outpatient Surgical Leadership Team

GUIDELINE MANUAL

GUIDELINE TITLE: Guideline: Pediatric Outpatient Surgery

No: 1-1 Review Date: Revision Date: 9/5/17 (SM, DS, SY, JF), 9/6/17 (DS, AP, RO), 9/21/17 (DS), 10/19/17 (DS)

I. BACKGROUND

Pediatric surgery, as defined as surgery in patients less than 14 years of age, is increasing in frequency in the University of Utah (University), outpatient surgical centers. As such, this document is intended to help guide perioperative clinical judgment.

II. DESCRIPTION:

The goals of Pediatric Outpatient Surgery at the University of Utah are to prioritize:

- *Patient Safety Throughout the Perioperative Process*
- *Surgical Needs of Patients, Patients' Families and Surgeons*
- *Surgical Efficiency and Revenue*

III. PURPOSE:

- A. Define a safe, appropriate, efficient and interdisciplinary approach to providing a quality outpatient surgical experience for pediatric patients
- B. Define the demographics of patients as well as procedures that can be safely accomplished
- C. Define procedures by which urgent and emergent issues are handled

IV. DEFINITIONS:

- A. **ACGME:** *Accreditation Council for Graduate Medical Education*
- B. **ABA:** *American Board of Anesthesiology*
- C. **CRNA:** *Certified Registered Nurse Anesthetists*
- D. **OSA:** *Obstructive Sleep Apnea*
- E. **SDB:** *Sleep Disordered Breathing*
- F. **OSAS:** *Obstructive Sleep Apnea Syndrome*
- G. **PCMC:** *Primary Children's Medical Center*
- H. **IHC:** *Intermountain Health Care*
- I. **LGBs:** *Local Governance Boards*
- J. **PCMC:** *Primary Children's Medical Center*
- K. **UUOC:** *University of Utah Orthopaedics Center*

V. POLICY:

- A. Anesthesiology
 - a. Clinical Privileges for Anesthesiologists
 - i. **Regular Clinical Privileges** - Anesthesiologists providing and/or directly supervising clinical care for pediatric patients should be graduates of anesthesiology residency training programs accredited by the ACGME or

its equivalent, should be a diplomat or board eligible by the ABA or equivalent, and should have documented continuous competence in the care of patients in specified categories in order to maintain those clinical privileges. Additionally, anesthesiologists shall have familiarity with Pediatric Perioperative Life Support¹.

- ii. **New or Renewed Privileges** – Clinical privileges may be applied for or renewed in the manner determined by University of Utah bylaws. In this framework, granting special clinical privileges shall be in a manner determined by the Department of Anesthesiology and approved by the credentialing committee.

b. Clinical Privileges for CRNAs

- i. **Regular Clinical Privileges** - CRNAs providing and/or directly supervising clinical care for pediatric patients should be graduates of an accredited Certified Registered Nurse Anesthetist program and should have documented continuous competence in the care of patients in specified categories in order to maintain those clinical privileges. Additionally, CRNAs shall have familiarity with Pediatric Perioperative Life Support².
- ii. **New or Renewed Privileges** – Clinical privileges may be applied for or renewed in the manner determined by Community Physician’s Group (CPG) bylaws in conjunction with the Department of Anesthesiology.

B. Patient Care Units – In order to offer privacy and a comforting environment, a preoperative unit or a specialized area within a general preoperative unit should be provided in order to accommodate pediatric patients and their families. This specialized area should have age- and size-appropriate equipment required for the preoperative evaluation and preparation of children. The operating room(s) and the recovery room(s) shall also have age- and size-appropriate equipment required for perioperative management of children.

C. Pediatric Patient Qualifying Characteristics for Outpatient Surgery

a. Ages

- i. Age \geq 2 years of age (surgeries in general)³
- ii. Age \geq 3 years of age (tonsillectomy)^{4, 5}
- iii. Age \geq 1 years of age (ear tubes)

b. Exclusion Criteria

- i. For all surgical cases
 - 1. ASA \geq 3⁶
 - 2. Severe Obstructive Sleep Apnea,

¹ Donald H Shaffner, Eugenie S Heitmiller, and Jayant K Deshpande, “Pediatric Perioperative Life Support.,” *Anesthesia and Analgesia* 117, no. 4 (October 2013): 960–79, doi:10.1213/ANE.0b013e3182a1f3eb.

² Shaffner, Heitmiller, and Deshpande, “Pediatric Perioperative Life Support..”

³ Amanda Whippey et al., “Predictors of Unanticipated Admission Following Ambulatory Surgery in the Pediatric Population: a Retrospective Case-Control Study.,” *Paediatric Anaesthesia* 26, no. 8 (August 2016): 831–37, doi:10.1111/pan.12937.

⁴ Duncan S Postma and Fain Folsom, “The Case for an Outpatient ‘Approach’ for All Pediatric Tonsillectomies and/or Adenoidectomies: a 4-Year Review of 1419 Cases at a Community Hospital.,” *Otolaryngology--Head and Neck Surgery : Official Journal of American Academy of Otolaryngology-Head and Neck Surgery* 127, no. 1 (July 2002): 101–8, doi:10.1067/mhn.2002.126591.

⁵ *ibid.*

⁶ Whippey et al., “Predictors of Unanticipated Admission Following Ambulatory Surgery in the Pediatric Population: a Retrospective Case-Control Study..”

⁷ Roland, PS et al., “Clinical Practice Guideline: Polysomnography for sleep-disordered breathing prior to tonsillectomy in children” *Otolaryngol Head Neck Surg* 2011 Jul;145 (1 Suppl):S1-15.

- a. Severe OSA in children is defined by polysomnography results of AHI \geq 10 events/hour or nadir oxygen saturation \leq 80%.
- b. When PSG data is not available, severe OSA may be diagnosed by strong clinical suspicion at the joint discretion of the attending anesthesiologist and surgeon.
- 3. BMI \geq 35 or Weight-for-age \geq 90 percentile
- 4. Congenital or cranio-facial abnormalities adversely affecting the airway
- 5. Ongoing/chronic, significant pathophysiological issues associated with prematurity
- 6. Chromosomal abnormalities including and NOT limited to Trisomy 21[†]
- 7. Surgical Scheduling and Length
 - a. Surgical time scheduled \geq 3 hours⁸
 - b. Surgical end time scheduled \geq 15:00⁹

D. Patients that Require Higher Level of Pediatric Care will be Transferred to PCMC Emergency Department

- a. Attending surgeon will have admitting privileges at PCMC
- b. Alternatively, the attending surgeon may have a (forma) agreement with some specialty partners who have admitting privileges at PCMC and agree to accept any and all of the attending surgeons' pediatric patients requiring transfer and/or admission to PCMC in the perioperative period.

†Moran and the UUOC handle these cases on a case-by-case basis.

APPROVAL BODY: OSLT in conjunction with the Department of Anesthesiology, Department of Anesthesiology Pediatric Subcommittee and LGBs

APPROVAL DATE:

POLICY OWNER: OSLT

HISTORICAL INFORMATION

ORIGIN DATE: June 14, 2017 (Sakata D)

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APPROVAL DATES: October 19, 2017 (OSLT)

⁸ Whippey et al., "Predictors of Unanticipated Admission Following Ambulatory Surgery in the Pediatric Population: a Retrospective Case-Control Study."

⁹ ibid