ADT e Gestione Anestesiologica

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Recommendations and Guidelines in Paediatric Anaesthesia

- R Tufano, A Messeri, G Ivani

Minerva Anestesiol 2004; (nov) 70:27-32
Recommendations for Paediatric Services

- Children of all ages should not be treated in direct association with adults
- Neonatal and paediatric high dependency and intensive care should be available
- Adequate acute pain therapy should be staffed
- Age-adjusted anaesthesia and resuscitation equipments should be available for general, regional anaesthesia and emergency
- Anaesthesia machines should be able to provide ventilation for all age-groups
- In non specialised hospitals a dedicated mobile trolley with all devices for paediatric anaesthesia should be provided
Recommendations for Paediatric Services in Non-Specialized Hospitals

- Neonates, infants and children up to 3 years of age are at greater risk. In this age group, there is no minor surgery; therefore newborns, former pre-term infants up to 50 weeks of post-conceptual age, should be transferred to specialized centres.

- Children with severe or rare morbidity require a specialist unit.

- The absence of paediatrician and paediatric nursing staff may necessitate a transfer to a specialized centre.
Controversies

- Preoperative exams
- IV cannulation: when?
- Atropine
- Inhalation anesthesia
- Suxamethonium
- Dextrose/hypotonic iv solutions
- Cuffed tubes
Raccomandazioni per la valutazione anestesiologica e la richiesta di esami preoperatori nei pazienti pediatrici

Società di Anestesia e Rianimazione Neonatale e Pediatrica Italiana (SARNePI)

- Per ogni età non si ritiene indispensabile una richiesta sistematica dell’Rx torace in assenza di anamnesi suggestiva per patologia broncopolmonare (BDP, ex-prematuri) e di segni obbiettivi all’ascoltazione dei polmoni e del cuore. La stessa considerazione vale per l’ECG.
Raccomandazioni per la valutazione anestesiologica e la richiesta di esami preoperatori nei pazienti pediatrici. SARNePI

- Raccomanda inoltre, stante la possibilità di evidenziare la presenza di un disturbo della conduzione (tipo LQTS o WPW), la richiesta di un ECG nel neonato e nel lattante fino a 6 mesi di età. (B)
  - Presidio OIRM
  - Esami e visita anestesiologica preoperatoria
esami preoperatori e ADT

• Emocromo
• esami coagulazione e
• fortemente raccomandato :PFT
IV Cannulation: when?

- The placement of an intravenous cannula is always necessary during general anesthesia in children: a pro-con debate: pag 455-461
- An optimum time for intravenous cannulation after induction with sevoflurane in children: pag 445-449
- General anesthesia without intravenous access in children: a survey of current practice ....APAGBI pag 438-441
IV Cannulation: when?

- However, in the majority of cases cannulation of a vein is quick, easy and painless (topical local anesthetics, immediately after inhalational anesthesia). In any situation where it is not likely to be quick or easy, it is more important to have the cannula in place in case of an emergency.

- We recommend an optimal time of 3.5 min after the loss of eyelash reflex with sevoflurane induction.
premedication

- Oral Midazolam
- **NO** im injection
Atropine

- Tachycardia
- Hypertermia
- Exitation
- Dry mouth and mucosae (intubation risks)
Perioperative anaesthetic morbidity in children: a database of 24,165 anaesthetics over a 30 month period

Isabelle Murat, Isabelle Constant and Helene Maud’huy

Pediatric Anesthesia
2004;14:158-66
Adverse Events

- Respiratory events- 53% of intraoperative events
  - Higher in infants less than 1 year, ENT surgery, intubated patients and ASA status 3-5

- Cardiac events- 12% of intraoperative events
  - Mainly observed in ASA status 3-5 patients but higher in infants less than 1 year

Murat I et al. Pediatric Anesthesia 2004;14:158-166
DE NARCOSE JUIST DOSEREN...