

De-Escalation of COVID-19 Testing: Implications for Pediatric Preprocedural Health Screening and Education

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Introduction

The de-escalation of COVID-19 screening and testing in the perioperative setting impacted health screening for the pediatric population. Health screening for COVID-19 and other respiratory illnesses is necessary to maintain safety for procedures requiring general anesthesia. Exhibiting respiratory symptoms places patients at higher risk for adverse events with anesthesia.

Background

COVID-19 highlighted the salience of capturing accurate information from preoperative health screenings and performing COVID-19 testing for symptomatic patients. Health care providers in perioperative settings are at higher risk of infection from COVID-19 due to droplet transmission from aerosol-generating procedures.

Relevance

Patient safety remains the priority in the pediatric perioperative setting. Identifying risks for anesthesia complications begins with obtaining clinical information from the parents or caregivers prior to the procedure and conducting COVID-19 antigen or PCR testing when appropriate.



Findings

Preoperative health screening identifies patients with COVID-19 or respiratory symptoms. This allows for timely consultation with anesthesiologists and surgeons for a decision to proceed or postpone the procedure, and coordination of COVID-19 testing for symptomatic patients if proceeding with the procedure.

Outcomes

Registered nurses developed a process for health screening and preoperative education. Families currently receive two phone calls: (1) 7-day call—a call 7 days prior to the procedure that includes health screening for COVID-19 and other respiratory illnesses; and (2) 24-hour call—a call the day prior to the procedure that includes health screening for COVID-19 and other respiratory illnesses, NPO times, medication reconciliation, visitor policy, arrival time, parking information, and preoperative instructions.

This current process was preceded by three phone calls: (1) 7-day call—a call 7 days prior to the procedure that includes health screening for COVID-19 and other respiratory illnesses; (2) 48-hour call—a call 48 hours prior to the procedure that includes updated health screening, medication reconciliation, visitor policy, parking information and preoperative instructions; and (3) 24-hour call—a call 24 hours prior to the procedure that includes health status update, arrival time, and NPO times.

COVID-19 Testing

COVID-19 testing protocol stems from a hospital-wide algorithm that determines testing based on symptoms and exposure. Patient who are symptomatic within 7 days of the procedure and able to proceed per the anesthesia and surgical teams are tested via antigen or PCR testing.



Health Screening

Health screening questions include: (1) respiratory symptoms within the last 2 weeks; (2) respiratory illness within the last 6 weeks; (3) COVID-19 positive test within the last 30 days; and (4) COVID-19 household exposure within the last 10 days. Anesthesia consults are initiated for symptomatic patients, recent illnesses, COVID-19 positive test, and COVID-19 household exposure.

Implications

Challenges were faced while making 48-hour calls: (1) information overload for parents or caregivers; (2) parent or caregiver confusion from multiple phone calls received from numerous multidisciplinary team members; (3) inadequate time to perform COVID-19 serial antigen test or schedule COVID-19 PCR test as recommended by the CDC; (4) increased cost to the department; and (5) nurses making multiple attempts to reach families in a short period of time.

Elimination of the 48-hour calls involved: (1) voicing parents' or caregivers' frustration over multiple phone calls received; (2) voicing nurses' frustration about increased cancellations 48 hours before and increased workload; (3) holding staff meeting discussions; (4) voting on 48-hour versus 72-hour calls; (5) conducting data collection supporting that 48-hour calls were too rushed; (6) having inadequate time to report health screens to anesthesia; and (7) having inadequate time to receive recommendations from anesthesia team.

Strengths of 24-hour calls included: (1) minimal time spent giving NPO and arrival times; (2) increased productivity through minimal time spent on phone calls; (3) parents or caregivers able to comprehend instructions effectively; (4) increased parent or caregiver satisfaction and less confusion from limited number of calls; and (5) decreased number of surgery cancellations.

Conclusion

Preoperative phone calls impact throughput in the perioperative setting. Early identification of respiratory illness and subsequent cancellation optimizes operating room usage, reduces financial burden, increases patient and family satisfaction, and improves staff morale.

References

