



LAKES DISTRICT HEALTH BOARD

Rotorua Hospital

**Your Child is coming in for a
Procedure or Surgery**



**If your child gets sick once they have a
date for surgery phone (07) 3497978**

Feb 2020

About the Day Stay Unit

The Day Stay Unit welcomes your child as a patient. Our staff will do everything they can to ensure that your child's visit is as comfortable as possible.

We care for 'day surgery' patients as well as patients staying overnight after surgery, including adult patients.

Day Surgery Patients

Your child will come into hospital and go home on the same day as their surgery. The length of their stay will depend upon the operative procedure and the type of anaesthetic they are having. Your child should be back among the familiar surroundings of their home before the day is out.

Children Staying Overnight **expected number of days-**

Your child's stay in hospital will be one or more nights depending on the type of surgery they are having and how they feel afterwards. They will come into the Day Stay Unit on the day of their operation. They will go into the Operating Theatre and then to the Children's Unit after they have recovered from the anaesthetic. Children's Unit visiting hours are from 7AM – 8PM. Please can your visitors have consideration for all our patients and children under the age of 14 must be supervised at all times. Visitors may be asked to leave if staff need to treat your child.

Transport

If transport will be difficult to access on the day of your admission you can try the following –

For Rotorua patients the St Johns shuttle is able to provide transport for a gold coin donation. It is not always available for early morning pick ups though and will need to be booked.

St Johns health shuttle – 0800 785 646

Otherwise for all transport bookings and enquiries please contact the Lakes DHB hospital shuttle service on 0800 768 537

Enquiries Around The Date For Surgery

In due course one of our booking administrators will contact you with a date for surgery. Please let them know if the date doesn't suit or if you won't be able to make it. If you simply don't turn up our resources are wasted.

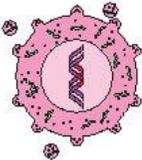
Contact details are;

Paediatric Surgery: 3497951
Ear, Nose and Throat: 3497665
Dental: 3437762
Orthopaedic: 3497866
Radiology/MR: 343 77681

For Your Child's Safety

If your child develops **any** of the following **before** their surgery, please contact the Pre-operative Assessment Clinic:

➤ Telephone (07) 349 7978



Any viral infection



Urinary infection



Vomiting and diarrhoea



School Sores



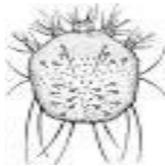
Cough, cold, sore throat



Head Lice



Off their food



Scabies



High Temperature

Preparing for your Child's Admission

There are many things you can do to prepare your child for coming into hospital. All children (except infants too young to understand) should be told

- that they are coming into hospital.
- that they will be having an operation or investigation.
- some basic information about what will happen to them when they are in hospital.

Timing

It is your choice when and how to tell them about their admission.

The following are recommendations

- Children between 2 and 3 years of age should be told 2-3 days before and again on the day of admission.
- Children between 4 and 7 years of age should be told 4 -7 days before the day of admission.
- Older children will usually be involved in making decisions about the operation or investigation and discussion can take place a few weeks before the day of admission.

Some ideas of what to say

- Explain that the operation or investigation will help your child to get better
- Use simple words your child understands
- Encourage your child to talk about the operation and ask questions.

- Tell your child about timing – when he or she will be having the operation and investigation and how long their stay in hospital will be.
- Tell them that one of you will be able to stay with them in the Children’s Unit if staying overnight.

You will be given child information brochures about having an anaesthetic. We encourage you to read these to your children prior to coming in and bring them in on the day.

If you misplace these books, please ring 07 349 7978 or pop into the Pre-operative Assessment Clinic for another one. They are also available on the Lakes DHB Website : <http://www.lakesdhb.govt.nz/News/Newslist.aspx?Mode=1&ID=7361>

We have play therapists available to assist with coaching, distraction or education around the child’s procedure or intervention. If you would like to take advantage of this service, please contact the children’s unit – 07 349 7711 ext 7970.

Useful Websites

The following websites have some information that you may find useful for preparing yourself and your child for coming in for a procedure -

www.kidshealth.org.nz

www.rch.org.au

www.patient.co.uk

Preparing for your Child's Admission

It is important that your child has an empty stomach before their operation. This reduces the chance of food getting into their lungs by accident under anaesthetic.

Q: When are they allowed to eat/drink before the operation?

A:

	Food/light meal/milk	Clear fluids/breast milk
Admission time 7.00am-9.00am (morning surgery)	May eat up until 2.30am	Clear fluids until 6.30am then nothing by mouth Breast milk until 4.30am
Admission time 9.00am- 11.00am (late morning surgery)	May eat up until 4.00am	Clear fluids up until 8.00am then nothing by mouth Breast milk until 6.00am
Admission time 11.00am – onwards (afternoon surgery)	Please eat a light breakfast/ drink milk before 7am	Clear fluids until 11am then nothing by mouth. Breast milk until 9am.

Patient frequently asked questions:

Q: Why can't they eat or drink before their surgery/procedure?

A: It is important to stop eating and drinking in plenty of time before the operation i.e. be 'Nil by Mouth'.

The body has a protective reflex which keeps food in the stomach and prevents it coming back up into the lungs, but this is lost under anaesthesia. Therefore if there is food in the stomach, there is a higher risk of regurgitating this food and this may enter the lungs and cause pneumonia and complications may include death from this. This is called aspiration.

Q: Why is aspiration so bad?

A: If stomach contents enter the lungs it can cause pneumonia (nasty chest infection) and make them very unwell and prolong their stay in hospital.

Q: Should I wake my child up to 2 hours before the scheduled time for the procedure or surgery to give him/her clear fluids?

A: Yes, avoiding dehydration is very important. It also adds to their comfort before the operation not to be thirsty and can prevent nausea after the surgery.

Q: What are clear fluids?

A: Water, clear juice (no pulp), black tea or black coffee, isotonic sports drinks, but NO milk based drinks. Any fluid you can read a newspaper through. No alcohol or anything fizzy.

Please note: If you have any questions about these fasting guidelines for your child please contact either pre-assessment clinic or the booking administrator (see page 7)

Preparing for your Child's Admission

Please follow these instructions, as not following these may result in your child's surgery being postponed.

- Do not allow your child to chew gum or suck lozenges 8 hours prior to surgery.
- Your child needs to have a shower but do not use body lotion or talcum powder.
- Please dress your child in clean clothes.
- Ensure your child is wearing no makeup, jewellery or nail varnish on the day of surgery.

What to Bring with Your Child



Any drugs, medicines or inhalers that your child is currently, or has recently been taking



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A favourite toy, book or electronic device for your child to play with while they wait for surgery.



Their x-rays if appropriate.



Glasses, lenses, hearing aids if applicable.

- Clothes for their surgery will be provided as necessary.

If staying overnight, please bring a small bag with their personal toilet gear, favourite toy, slippers or shoes, dressing gown and a set of day clothing.

We encourage a parent to stay with the child if they have to stay in hospital overnight. Please bring your own personal toilet gear and clothes that are comfortable to sleep in.

Medications

On the day of your child's surgery, they must take the following medications as normal:

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Stop the following medications:

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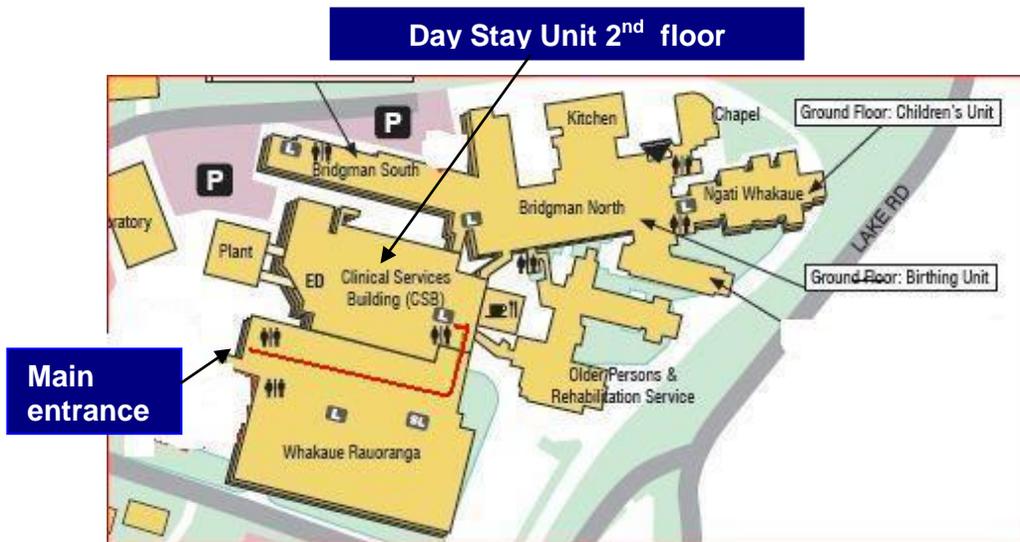
Other pre-operative instructions

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**If you have any concerns please contact the
Pre-operative Clinical Nurse Specialists
Telephone no. (07) 349 7978.**

On the Day of Surgery – How to get there

Map of Rotorua Hospital campus and location of the Day Stay Unit



Please present with your child to the **Day Stay Unit** on the day of the surgical procedure at the time given to you.

The **Day Stay Unit** is located on the second floor of the Clinical Services Building (CSB).

- Coming in through the main entrance of the hospital, go straight ahead through the atrium towards the lake, take your first left, then take the first lift on your left, go to the second floor.
- On the second floor follow the signs to the **Day Stay Unit**.

Please note : if your child is coming in for an MRI scan, please present with your child to the Children's Unit.

Who Should Come With Your Child?

All children must be accompanied by a parent or guardian.



We encourage a parent to stay with their child before and after their surgery, as a parent's presence can be a great comfort to a child.

In some circumstances a parent will be invited to come into the operating theatre with their child until they are asleep. This is purely for the comfort of the child.

If your child is 15 years old or younger you must not leave until consenting for both the operation and anaesthetic has been completed. The operation cannot happen without this.

We ask that a **maximum of two support people** come with each child, due to limited space and for the privacy of all patients. If you have other children please try to leave them with a caregiver at home so you can focus your attention on the child having surgery. **If at any point you need to leave please ensure our staff have your contact details** and know where you are going.

If you are breast feeding, you may bring your baby, but please arrange for someone to look after the baby if you are planning to accompany your child until they are asleep.

One parent/caregiver **may** be able to sit in the recovery room with their child after the operation provided the child is safely awake. Access to the recovery room is not allowed if we have any safety concerns for any of the patients there. No other children will be allowed in the recovery room.

On The Day Of Your Child's Surgery/Procedure

- Please arrive at the time given to you on your child's admission letter. On arrival at the Day Stay Unit please give your child's name to the receptionist to register, you will then be shown to their bed/chair.
- One of the nurses will prepare you and your child for the surgery/procedure. Your child will be seen by the anaesthetist. As parent/legal guardian, you will be required to consent for your child's anaesthetic. The Anaesthetist will answer any queries you may have.
- Your child will be asked to change into pyjamas/gown before going to theatre.
- There will be some waiting time before surgery commences. We try to arrange the schedule so smaller children have less waiting. Please bring a book, favourite toy or electronic device for entertainment while waiting.
- Some children are given a premedication before theatre. Premedication is the name for drugs which are given before an anaesthetic. These are given for many reasons – to ease anxiety, pain relieving drugs and treatment for illnesses like asthma. Not every child needs a premedication, it depends on your child's surgery and condition. This will be discussed with you by the anaesthetist on the day of surgery.
- Cream may be applied to your children's hands or arms prior to going to theatre. It numbs the skin making cannula insertion less painful.

Going To Theatre & The Anaesthetic

You will meet the anaesthetist who is looking after your child on the day of surgery. They will talk to you, explain things, answer your questions and ask you to sign a consent form. Children need to be 16 years old to sign their own form. If your child is 15 years old or younger you as a parent or legal guardian will need to sign the consent form on their behalf.

The pre-assessment nurse specialist will give you this information in advance of the day of surgery so you have some idea about what to expect. You are welcome to ask to see an anaesthetist prior to the day of surgery if you wish.

An anaesthetist is a specialist doctor who remains with your child throughout their surgery/procedure keeping them safe and as comfortable as possible.

When it is your child's turn they will walk into theatre usually with one of the nurses. A parent can be very calming for a child going into an unfamiliar environment such as an operating theatre. If your child is older than 10 months and you are relaxed and calm we welcome your presence and help while we put your child to sleep. Sometimes if we want to focus solely on the child we may ask parents not to come into theatre - this is purely for safety reasons so please do not be offended.



Mum or dad may look like this. The doctors may be dressed like this

To allow the surgery/procedure to occur we will give your child a general anaesthetic (GA). Medications are administered which make your child fall 'asleep.' They remain in this 'asleep' state until the operation finishes and we allow them to 'wake-up.'

There are two options for putting your child to 'sleep.' Either they can breathe anaesthetic gases through a soft silicone face mask, or we can put an intravenous (IV) cannula in and give them anaesthetic medication through this.



Either way we need your child to understand what we're doing and try to help us. If they are unwilling to help us we can try and coerce them, or occasionally a sedative syrup premed to help ease their anxiety can be used.

By placing numbing cream on the skin in advance we can usually place an intravenous cannula with minimal pain. We still need your child to help us and stay relatively still though.

Going to 'sleep' with medication through the IV cannula occurs very quickly. Going to 'sleep' breathing the anaesthetic gases can take some time depending on the age and size of your child. It is normal to go through a wriggly stage with noisy breathing when going to 'sleep' using the gases so please do not be frightened if this occurs.

Once your child is 'asleep' you can give them a kiss if you'd like and a nurse will take you back to the waiting area while the operation proceeds. The Anaesthetist will care for your child during their operation, ensuring that they are safe and fully unconscious.

Pain relief medication or numbing injections are administered while your child is 'asleep' to minimise pain after the operation. Usually a plastic tube (airway) is put in your child's mouth to keep them breathing safely. If day surgery is planned your child can usually go home within a couple of hours of 'waking-up.' Your child should not remember any part of the surgery/procedure and if they are fit and healthy a GA is very, very safe.

Risks include –

- being sleepy or confused for a period of time following the operation,
- nausea/vomiting,
- sore throat,
- chipping teeth or cuts to the lips or tongue.
- Bruising from IV cannula insertion

Very rarely serious and unpredictable problems such as allergic reactions, nerve injuries or remembering things can occur. Your anaesthetist is trained to prevent or treat these rare events. The chance of your child dying during a routine elective operation is similar to the chance of them being struck by lightning!

Pain Relief After Your Operation

During and after the operation an important aspect of care is the management of your child's pain. Acute pain from an operation usually improves rapidly over the first few days, but pain is very much an individual experience and no-one can tell exactly what it will be like for your child.

When children first 'wake-up' after their operation they can be quite upset. This is not always due to pain. Hunger, unfamiliar surroundings and unfamiliar faces may all cause some distress. We may ask you to come and help us comfort your child and we will treat pain if that is the likely or vocalised cause for their distress. Often a cuddle from a loved one and an ice block is all that's needed to ease the initial 'wake-up' distress.

If the surgery is day surgery a prescription will be provided to take to the pharmacy on your way home for pain relief medication. It will be tablets or syrup. If you cannot afford, or are unable to visit a pharmacy please let our staff know.

We encourage you to give your child regular pain relief while pain is present following an operation. It works better this way and means that severe pain when numbing medications wear off (usually within the first 24 hours post-op) is much less likely. Most children will need pain relief for between 1 day and 1 week after the operation, depending on the type of operation.

If staying in hospital some of the more common ways we manage pain are;

- Medication by mouth
- Suppositories (tablets up your bottom)
- Medication through your intravenous line (drip)

On a regular basis after the operation our nurses will assess pain using a pain rating scale. An accurate assessment of pain

provides valuable information on how well we are looking after your child and reducing their pain.

Wong-Baker "Faces" Pain Rating Scale



From Wong D.L., Hockenberry-Eaton M., Wilson D., Winkelstein M.L., Schwartz P.: Wong's Essentials of Pediatric Nursing, ed. 6, St. Louis, 2001, p. 1301. Copyrighted by Mosby, Inc. Reprinted by permission.

After your Child's Surgery / Procedure

After your child's surgery / procedure they will go to the recovery area.

As soon as they are awake and there are no safety concerns, one parent will be invited to be with the child. When your child is comfortable, the nurse will send you back to the Day Stay Unit or the Children's Unit.

Day Surgery

Your child should be able to have a drink and a sandwich. A short while later, once they have recovered sufficiently, they will be able to get dressed and be ready to go home.

Your child must be accompanied home by a responsible adult who can remain with them overnight.

Please do not leave the Day Stay Unit with your child until you have received advice from the nurse and if appropriate, had their plastic tube (cannula) removed.

You should clearly understand what drugs your child may need to take for pain relief and who to call if you have a problem.

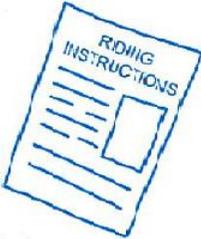
Overnight Surgery

In the Children's Unit:

- Their pulse is taken often.
- They may have a small plastic tube (cannula) in their arm for fluids and antibiotics.
- Ring the bell to call a nurse if you have any questions or you think your child is in pain.

On Discharge

Before leaving make sure you have:



Written instructions on what to do after their operation, when they can resume normal activity and return to day care, kindy, Te Kohanga Reo or school.



Their medications and/or prescriptions.



A follow up appointment if required. This may be sent out in the mail.

If your child is staying overnight, we appreciate if you can arrange to leave the Children's Unit no later than 11.00am on day of discharge.

On Discharge

IMPORTANT PLEASE NOTE:

For the **first 24 hours** after your child's anaesthetic :



They should not eat or drink too much.



They need close adult supervision for 24 hours.



You have the ability to return to the hospital if needed / or to call for help.



Give pain relief and other discharge medications as instructed.

Other Important Information

- Our Maori Health Team, Te Aka Matua, provides care and support for patients and their families. Please ask staff if you would like a member of the team to contact you.
- TV's are provided in all rooms in the Children's Unit.
- There is a playroom in the Children's Unit that your child is able to use if admitted to the unit. A Play Specialist is available to assist with coaching, distraction or education around the child's procedure or intervention.
- Smoking is not permitted anywhere on Lakes DHB site by anybody including staff, patients and visitors. If you would like help quitting whilst in hospital with your child, please tell one of the nurses.
- In the pre-assessment clinic we have pamphlets available for you outlining Your Rights and Responsibilities. Alternatively they can be found on the lakes DHB website by searching for 'rights and responsibilities.'

Any Questions / Notes

We welcome your feedback

Every consumer has rights when receiving a health or disability service.

Copies of feedback forms for compliments / complaints are available in the brochure racks throughout Lakes DHB hospitals.

Lakes DHB wishes to acknowledge that some of the information in this booklet was adapted from a publication by Northland DHB.