

PAEDIATRIC NURSING PRACTICE MANUAL
SECTION 8

CARE OF THE CHILD WITH A SURGICAL CONDITION

8.3 POSTOPERATIVE CARE

8.3.2 POST ANAESTHETIC COMPLICATIONS

Aims

1. The child will be nursed so as to prevent complications of the procedure.¹
2. Complications will be detected and reported within 30 minutes.^{1,2}

Key points

1. Immediate post anaesthetic complications will be reported to the Anaesthetist concerned or reported to the Duty Anaesthetist (Telephone 8775). Other complications or problems can be reported to the Resident Medical Officer or the Registrar on duty.
2. Advice to parents about post anaesthetic complications will only be given after full discussion with the anaesthetist.¹

POST ANAESTHETIC COMPLICATIONS	ADDITIONAL INFORMATION
<p>Report immediately: Excessive drowsiness or relapse into unconsciousness.¹</p>	<p>Delayed recovery of consciousness Most patients who have received a general anaesthetic are conscious before leaving the recovery ward.</p>
<p>Report: Failure to recover consciousness, to the point where the child can answer questions and drink, within three hours of return to the ward.</p>	<p>Patients who have received heavy sedation sometimes return to the ward while still sedated, eg. after organ imaging procedures.</p>
<p>Postoperative vomiting or failure to take adequate oral fluids</p> <p>Report: Vomiting which persists after 2 hours. Refusal to drink adequately after 2 hours - unless the patient is receiving IV fluids.</p>	

POST ANAESTHETIC COMPLICATIONS	ADDITIONAL INFORMATION
<p>Inadequate postoperative pain control</p> <p>Report: Inadequate pain control due to the prescription of an inadequate dose of an analgesic or an inappropriate time interval. Side effects of drugs used in postoperative pain relief. Infection or other problems related to continuous regional anaesthesia techniques.</p>	<p>Refer Acute Pain Assessment</p>
<p>Abnormal responses to drugs</p> <p>Report: All abnormal responses to drugs used during or after anaesthesia including but not limited to: Rashes Drowsiness Hallucinations</p>	<p>.</p>
<p>Postoperative respiratory or cardiovascular complications</p> <p>Report: Evidence of respiratory obstruction, eg. Intercostal or sternal recession, stridor. Irregular pulse.^{2,3} Pulmonary infection.^{2,3} Respiratory depression, including apnoea in infants.^{2,3} Hypotension and/or tachycardia which has no obvious surgical cause.² Cardiac arrhythmia or cardiac failure.²</p>	<p>Refer to PNPM 8.2.1 Special Consideration for Infants Post Anaesthetic.</p>

POST ANAESTHETIC COMPLICATIONS	ADDITIONAL INFORMATION
<p>Other potential complications</p> <p>Report:</p> <p>Inadequate, inappropriate or excessive blood or fluid therapy</p> <p>Conjunctival or corneal damage</p> <p>Damage to teeth</p> <p>Skin burns or pressure areas</p> <p>Muscle pain/s</p> <p>Hypo/hyperthermia</p> <p>Jaundice</p> <p>Phlebitis, where the infusion has been commenced during the anaesthetic or in the recovery room.</p> <p>Any other complication which may be related to the anaesthetic.</p>	<p>Refer to PNPM 2.3.1 Principles of Intravenous Therapy Practice</p> <p>Refer to PNPM 2.3.5 Monitoring and Maintaining IV Access and Tubing Safety and PNPM 2.3.6 Preventing, Minimising and Managing Infiltration and Extravasation.</p>

References:

1. Australian and New Zealand College of Anaesthetists. The Aug. 2006. Available from: <http://www.anzca.edu.au/resources/professional-documents/pdf/PS20.PDF>. Accessed.
2. Lockwood C, Conroy-Hiller T & Page T. Vital signs [Level I]. JBI Reports.2(6):207-230; 2004.
3. Hockenberry MJ & Wilson D. Wong's essentials of paediatric nursing. pp. 754-812. St Louis: Mosby; 2008.