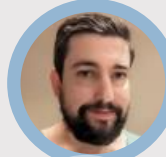


Infografías Grupo Digital Pediátrico

MAYO
2023



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CONGRESO ANESTESIA PEDIATRICA

XIV Congreso Nacional de Anestesiología, Reanimación y Terapéutica del Dolor Pediátrico

Zaragoza
16 al 18 de noviembre 2023

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Fechas clave del Congreso

16, 17 y 18 de noviembre de 2023
FECHAS DEL CONGRESO

19 de junio de 2023
FECHA LÍMITE DE ENVÍO DE COMUNICACIONES

RCOA
Royal College of Anaesthetists
Association of Paediatric Anaesthetists of Great Britain and Ireland

Common events and risks for children and young people having a general anaesthetic

This summary card shows some of the common events and risks that healthy children and young people of normal weight face when having a general anaesthetic (GA) for routine surgery (specialist operations may carry different risks).

Modern anaesthetics are very safe. There are some common side effects which are usually not serious or long lasting. Risk will vary between individuals, and will depend on the procedure and the anaesthetic technique used. Your anaesthetist will discuss with you the risks they believe to be most significant. You should also discuss with them anything you feel is important to you.

Very common
More than 1 in 10
Equivalent to one person in your family

- Sore throat
- Agitation on waking from GA (Mainly ages 1-6 years)
- Sickness
- Temporary changes in behaviour (eg. anxiety, sleep problems, bedwetting)

Common
Between 1 in 10 and 1 in 100
Equivalent to one person in a street

- Minor lip or tongue injury
- Discomfort at injection site

Uncommon
Between 1 in 100 and 1 in 1,000
Equivalent to one person in a village

- Breathing problems (Needing treatment)
- Skin damage (Mainly longer procedures)

Rare
Between 1 in 1,000 and 1 in 10,000
Equivalent to one person in a small town

- Need for Intensive Care (unplanned) (1 in 2,400)
Risk is higher for children under 1 year
- Injury to eye (eg. scratch on eye)
- Damage to teeth

Very Rare
1 in 10,000 to 1 in 100,000 or more
Equivalent to one person in a large town

- Anaphylaxis (1 in 40,000)
Severe allergic reaction to a drug
- Awareness during an anaesthetic (1 in 60,000)
- Death as a direct result of anaesthesia (1 in 100,000 to 1 in a million)
- Long-term disability (Less than 1 in 100,000)

More information
Our website has more on these risks as well as short videos to help children prepare for surgery.

Scan to find out more:
www.rcpa.ac.uk/childrensinfo

Society for Pediatric Sedation Visual Series NPO Status in Children for Urgent & Emergent Procedures

What's the problem with NPO?
Prolonged fasting is not benign

↑ hunger, ↑ anxiety, ↑ length of ED stay
↓ glucose, ↓ intravascular volume, ↓ patient & parental satisfaction

What's the Fuss?
Why are we worried if a child isn't NPO?
#1 concern: **Pulmonary aspiration**
Additional major complications: Death, cardiac arrest, and unplanned hospital admissions

American Society of Anesthesiologists (ASA) Guidelines
Due to the paucity of research on NPO status in this population, the ASA recommends following ASA fasting guidelines for perioperative elective procedures.

- Clear liquids: 2 hours
- Breast milk: 4 hours
- Infant formula: 6 hours
- Solids: 6+ hours

Current Recommendations
American College of Emergency Physicians (ACEP) Guidelines
Fasting recommendations for procedural sedation in the ED (level based on strength of evidence):
Do not delay procedural sedation in children based on fasting time! (Level B Recommendation)

Is an empty stomach assured?
Risk Factors for prolonged gastric emptying:
• Multi-system trauma
• Head injury and burns
• Sepsis and shock
• Previous meal: fried, fatty, or meat
In one study, a majority of patients had a "full stomach" even after the fasting for the recommended time period.
4+ hours of fasting does not ensure an empty stomach.

Research Shows
In a study of 139,142 pediatric sedation encounters:

	NPO n = 82,546	not NPO n = 25,401
Aspiration	8	2
Major complications	46	15

 Aspiration is uncommon and NPO status does not independently predict aspiration or major complications.

ASA Classification
Based to correlate with appropriateness for sedation

Reasonable candidates for mild, moderate, and deep sedation outside of the OR: I, II, III, IV, V

Consult pediatric anesthesia: I, II, III, IV, V

Healthy patient: I
Mild systemic disease: II
Severe systemic disease: III
Life threatening systemic disease: IV
Marked patient, will not survive without OR: V

Special Considerations
If sedation can't wait...
Risks of sedation & possible aspiration VS. Benefits of prompt procedure

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4. Nguyen, N.D., Ho, M.S., Chapman, M., et al. The impact of admission diagnosis on gastric emptying in critically ill patients. *Crit Care* 11, R16 (2007).

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2, 3, 4, 5 y 6 OCTUBRE **SAVE THE DATE 2023**

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<https://www.openanesthesia.org/sections/pediatric-anesthesia/>



OA-SPA Pediatric Anesthesia Virtual Grand...
Management of the Difficult Pediatric

<http://www.openanesthesia.org/pediatric-podcast-of-the-month/>

SCReN Spanish Clinical Research Network ISCI III

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<https://www.isciii.es/QueHacemos/Financiaci3n/solicitudes/Paginas/default.aspx>

Pediatric Anesthesia Podcast
Developing an Extubation strategy for the difficult pe...
0:00 / -0:00

In this podcast, we discuss the article '[Developing an Extubation strategy for the difficult pediatric airway — Who, when, why, where, and how?](#)'. We hope you enjoy.

[Open Access](#)

The Society for Pediatric Anesthesia recommendations for the use of opioids in children during the perioperative period

Joseph P. Cravero, Rita Agarwal, Charles Berde, Patrick Birmingham, Charles J. Coté, Jeffrey Galinkin, Lisa Isaac, Sabine Kost-Byerly, David Krodel, Lynne Maxwell, Terri Voepel-Lewis... See all authors >

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SPOTLIGHT CASE | CE/MOC | NEW
The Dose Makes the Poison: Medication Error During Procedural Sedation in the Pediatric Emergency Department.

Commentary by Michael Leonardo Amashta, MD, and David K. Barnes, MD, FACEP | April 26, 2023

This case involves a procedural sedation error in a 3-year-old patient who presented to the Emergency Department with a left posterior hip dislocation. The commentary summarizes the... [Read More](#)

