

**Attendance of Parent/Substitute Decision Maker for Pediatric Surgical Patients
in the Post Anesthetic Care Unit**

Signing Authority:	Chief Nursing Executive
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Approval Date:	11-01-2019	Effective Date:	11-01-2019
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SCOPE:

This policy and procedure applies to all Registered Nurses (RN) working in Post Anesthetic Care Unit (PACU) caring for pediatric surgical patients on all shifts at the Royal Victoria Regional Health Centre (RVH).

POLICY STATEMENT:

It is the policy of RVH that:

1. The Surgery Program shall strive to minimize separation anxiety of their pediatric surgical patients and their parent/substitute decision maker (SDM) and promote family centered care by reuniting the child and one parent/SDM at an early stage of the post anesthetic care.
2. Admittance of a parent/SDM shall be at the discretion of the RN, and in agreement with the surgeon and the anesthesiologist. Parents/SDM of patients under the age of 12 years old shall have patient identification bands applied prior to entering. The correct patient shall be verified using two patient identifiers (refer to RVH Policy and Procedure: *Patient Identification*).
3. . The expectation is that the parent/SDM attending the child in PACU shall follow the direction of the RN caring for the child.
4. The attendance of a parent/SDM in PACU may be limited to patients who are requiring a longer length of time to meet transfer criteria or where the patient and/or nurse may require the aid of the parent/SDM in recovery.
5. Attendance shall be limited to one parent/SDM per child or at the nurses' discretion.
6. No still or video photography shall take place in PACU in order to preserve the privacy and confidentiality of other patients.
7. No electronic devices such as cell phones shall be used by the parent/SDM while in PACU.
8. No food or drink shall be brought into PACU.
9. The parent/SDM may be requested to leave PACU by the RN in the instance of a change in the condition of their child or another patient in the unit.
10. The parent/SDM shall limit their attentions to their own child.

Note: All parents/SDMs shall be allowed in with their child in Surgery Recovery.

DEFINITIONS:

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in the Post Anesthetic Care Unit**

Pediatric patient: Those patients under the age of 18 years.

Substitute Decision Maker: A person who is authorized to give or refuse consent to a treatment on behalf of a person who is incapable with respect to the treatment.

Depending on the circumstances, this could be a guardian or Power of Attorney for Personal Care, a representative appointed by the Consent and Capacity Board, a spouse, common-law spouse, partner, family member, other relative or the Public Guardian and Trustee.

PROCEDURE:

1. The admitting nurse shall obtain the cell phone number of the parent/SDM and document this information on the Statement of Responsibility form for day care patients and the Personal Belongings Record for AM admit patients. Should they not have a cell phone the parent/SDM shall be instructed to check in with the volunteer located at central registration and provide the volunteer with information about where they will wait.
2. The PACU RN caring for the pediatric patient shall determine the appropriate time for the parent/SDM to be invited to the PACU and will have them contacted by a staff member.
3. One parent/SDM per child shall be escorted to the PACU by a staff member or volunteer, provided a chair and given instruction regarding participation in care (i.e. picking the child up, providing emotional support, assisting with care, hand hygiene etc.) by the RN caring for the patient.
4. The parent/SDM shall be reminded to limit their attentions to their own child. If this direction is not adhered to the parent/SDM shall be requested to leave.
5. The parent/SDM shall be made aware that they are not to read their child's chart. Should they wish this access to their child's chart they can request this through Medical Records (refer to Privacy of Personal Information (PI) and Personal Health Information (PHI) Corporate Administrative Policy and Procedure).
6. The parent/SDM shall leave at any time if they feel unwell or are unable to continue to participate in the care of their child.
7. When the pediatric patient meets PACU transfer criteria the parent/guardian will accompany the pediatric patient with the RN or transport person to Surgery Recovery or to Obstetrics and Child & Youth Inpatient.

CROSS REFERENCES:

Royal Victoria Hospital (2008). Administration Policy and Procedure 1.038
Confidentiality and Security Guidelines.

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Royal Victoria Regional Health Centre (2016). Family Presence Corporate Policy and Procedure.

Royal Victoria Regional Health Centre. (2018). Policy and Procedure: *Patient Identification*

Royal Victoria Regional Health Centre (2017). Privacy of Personal Information (PI) and Personal Health Information (PHI) Corporate Administrative Policy and Procedure.

REFERENCES:

Chorney, J. M., Kain, Z. N. (2010). Family-centered pediatric perioperative care. *The Journal of the American Society of Anesthesiologists, Inc.* March 2010, Vol. 112, 751-755.

National Association of Peri Anesthesia Nurses (2014) *Standards for Practice* 3rd Edition.

Registered Nurses Association of Ontario (2015). *Nursing Best Practice Guideline: Person-and Family-Centered Care.*