Development of a Pre-Operative Pediatric Medication Administration Guideline for RN Callers

Acker, M., Deem, N., Seattle Children’s Hospital, Seattle, WA

**Purpose:** To determine if the use of a medication administration guideline would increase the efficiency and autonomy of registered nurses making pre-operative (pre-op) phone calls to caregivers of pediatric patients.

**Synthesis of Evidence:** Caregivers of children going to surgery who take daily medications need pre-op administration instructions. In general, it is advantageous for children to continue taking their medications although there are some that should be held due to concerns about side effects and/or interactions with anesthetic agents. A search of the literature was done looking for existing pediatric medication administration guidelines. Results were very limited and no pediatric guidelines were found.

**Proposed Change in Practice:** At our institution, RNs call pediatric caregivers two days before the day of surgery to give arrival and fasting instructions. Any medication administration questions were forwarded to a nurse practitioner (NP) in the pre-anesthesia clinic or to the charge anesthesiologist. This has often resulted in multiple phone calls and delays for both the RN caller and the caregiver. It was determined that if the RN callers had a medication administration guideline they would be able to provide most instructions in a single phone call and work within the full scope of their licensure.

**Implementing Strategies:** Initially two pre-anesthesia NPs, the lead RN caller and the surgery nurse educator met to discuss developing a guideline. An existing incomplete list of medication administration instructions was used as a starting point. Every effort was made to include the most commonly taken outpatient pediatric medications. Medications were categorized as those that “should not be given”, “may be given cautiously” and “may be given”. Medications were listed by body system, generic and trade names. A disclaimer stated that the guideline was not an all-inclusive list and the RN callers should contact the pre-anesthesia NPs or the charge anesthesiologist with questions. Institution representatives from nursing, pharmacy, anesthesia and surgery approved the guideline.

**Evaluation:** After introduction and education to the RN callers the guideline was introduced 9-1-16. A follow-up evaluation was sent to the RN callers 12-7-16. The response rate back was 59%. 83.5% felt the guidelines were clear. 56.5% felt that the number of extra phone calls had decreased. 93.5% felt caregivers were receptive to having RN callers give medication instructions. 18% expressed concern that not all medications were included in the guideline. 12.5% expressed the need for more training.

**Conclusions:** Use of the guideline improves RN efficiency and autonomy and provides clear and consistent instructions to caregivers. RNs are now able to provide most medication administration instructions during a single phone call. Some additional training may be needed for the RN callers.

**Contact:** Michele.acker@seattlechildrens.org