become upset by the rapid succession of induction events, by observing their child becoming limp, and by leaving the child in the care of strangers. Even though some parents may become anxious, most control their anxiety, do not disrupt the induction, and support the child. Whereas parents who are anxious before surgery tend to become even more anxious after the induction, the reverse is true of parents with little anxiety. Appropriate education is essential to help parents understand the stages of anesthesia, what to expect, and how to support their child.

Preoperative Sedation

The goals for using preoperative medications include anxiety reduction, amnesia, sedation, antiemetic effect, and reduction of secretions. When drugs are administered, they should be delivered atraumatically via oral, intranasal, or IV routes. Numerous preanesthetic drug regimens are used with children, and no consensus exists on the optimal method.

Postoperative Care

Various psychological and physical interventions and observations help prevent or minimize possible unpleasant effects from anesthesia and the surgical procedure. Although the incidence of serious postoperative complications in healthy children undergoing surgery is less than 1% (Maxwell and Yaster, 2000), continuous monitoring of the child's cardiopulmonary status is essential during the immediate postoperative period. Postanesthesia complications such as airway obstruction, post-extubation croup, laryngospasm, and bronchospasm make maintaining a patent airway and maximum ventilation critical.

Monitoring the patient's oxygen saturation and providing supplemental oxygen as needed, maintaining body temperature, and promoting fluid and electrolyte balance are important aspects of immediate postoperative care. Vital signs are continuously monitored, and each vital sign is evaluated in terms of side effects from anesthesia, shock, or respiratory compromise (Table 20-3).

TABLE 20-3

Potential Causes of Postoperative Vital Sign Alterations in Children