

# Behavioral Interventions on Preoperative Anxiety in Children

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## PROBLEM

- **Every year, more than 5 million children in the United States undergo surgery.**
- Approximately **65% of young children** experience **significant anxiety and fear**, leading to an increased likelihood of Emergence Delirium (ED), pain, and maladaptive behavior changes (by 1.43 times).

## PICO QUESTION

In the pediatric surgical patient, what is the impact of age-appropriate behavioral therapies on preoperative anxiety levels as compared with the routine premedication preparation methodologies?

## RELEVANCE

- The extent of preoperative anxiety directly affects postoperative outcomes and a child's development:
  - Disrupts the formation of a healthy, and resilient adult life.
- Distraction interventions are non-pharmacological methods effective in reducing anxiety experienced by pediatric patients.
  - Cost-effective, easy-to-use, universally accepted, and lacks side effects.
  - Creates a child-friendly environment that helps familiarize the child with the perioperative setting.



## SOLUTION

Increase the use of perioperative behavioral therapies.

- Shorter hospital stays.
- Lower hospital costs.
- Reduced incidence of postoperative ED.
- Decreased analgesic consumption and sleep disturbance.
- Assists in the development of coping skills.

## PRACTICE RECOMMENDATIONS

- Healthcare professionals in the perioperative setting should assess the anxiety level of each pediatric patient, as well as their parent or guardian, using standardized assessment tools.
- Based on the child's needs and developmental stage, behavioral therapies should be implemented to reduce anxiety levels and increase cooperation before using medication interventions.

## CLINICAL AND RESEARCH IMPLICATIONS

- Deeper understanding needed to determine the effects of distraction and its effectiveness as an anxiolytic when compared to Midazolam or other sedative medications.
- Larger randomized control trials are required to confirm or refute useful non-pharmacological interventions.

## CURRENT EVIDENCE

