Day admission is appropriate for many surgical procedures and in recent years, in the U.K., the government has put forward arguments, mainly economic, for an increase in day surgery. Publication of enthusiastic accounts of day surgery services by individual surgeons and anaesthetists, together with guidance from the Royal College of Surgeons of England (RCSE) [1] has produced progress. According to the latest statistics produced by the Department of Health, day surgery increased in the U.K. by 14% between 1989 and 1990 [2]. However, the extent of day-case surgery is still significantly less than that regarded as possible by the RCSE; the Value for Money Unit of the NHS executive has analysed the reasons for this in a recent report [3].

Children are ideal patients for day surgery. They are invariably accompanied by adults who provide support, supervise the journey to and from hospital and continue postoperative care at home. Furthermore, overnight stay in hospital may frequently be associated with separation of children from parents which is stressful and disturbing to both. On occasions, some children may exhibit behavioural changes indicating emotional trauma in the long-term following hospital stay. Correctly organized and conducted day care may obviate these potential adverse effects.

In North America it is not unusual for up to 60% of paediatric surgical patients to be managed on a day stay basis [4]. In the U.K. the corresponding mean figure is about 10–12%, but the growth of day surgery services for children has been patchy, even in specialist paediatric hospitals and district general hospitals with a large paediatric caseload. A few Health Authorities have organized well: Atwell and Gow reported in 1985 that 50% of the general surgery of childhood was undertaken on this basis in their unit [5].

In 1991 a report, “Just for the Day; Children Admitted to Hospital for Day Treatment”, published by Caring for Children in the Health Services (CCHS) presented the results of a National enquiry into provision of day care for children and made recommendations for its improvement and expansion [6]. The aims of this independent organization, founded by and including the Royal College of Nursing, the British Paediatric Association, the National Association of Health Authorities and Trusts and the National Association for Welfare for Children in Hospital, are to identify areas of concern in the provision of health services for children and to offer solutions for improvement. For the purposes of the report, funded by the Nuffield Foundation, representatives were co-opted from the British Association of Paediatric Surgeons, the College of Anaesthetists and the Association of Anaesthetists of Great Britain and Ireland. The information on which the report is based was derived from a review of published literature and an impressive quantity of evidence, both written and oral, from Royal Colleges, professional and voluntary organizations, individual consumers, health authorities, individual hospitals and independent experts. The report is not restricted to day surgery—comment is made also about day admissions for diagnosis, for medical therapy and on special units and situations. All aspects of day care for children receive attention, including physical facilities, medical, nursing and other staffing, organization and delivery of patient care, documentation and audit.

Emphasis is made throughout the report on the establishment of a “child friendly” environment: systems and clinical management supported by comprehensive oral and written information given to parents and children to prepare them for the admission, and including care after discharge.

A set of 12 quality standards for a planned package of care for day-case admissions is identified, with the suggestion that these might be used in defining NHS contracts. These are followed by 42 principles for establishing such a service and 21 principles for management of children in the theatre suite. In the appendices are examples of the types of special documentation that hospitals have developed for day admissions.

The CCHS has addressed the fundamental issue of the choice of location for day admission. Few would disagree that a self-contained children’s day unit admitting surgical or both surgical and medical patients is the ideal solution. However, in most district general hospitals this may not be attainable in the near future. This problem has been recognized, and advice is given on how best to adapt and use existing facilities such as a paediatric inpatient ward or an adult day-case unit. Central to the report is the philosophy that children should not be admitted or treated in the same environment as adults and that they should be cared for by staff specially trained and skilled in both day-case management and caring for children.

There is much in the report that should be of interest to anaesthetists. The recommendations in respect to anaesthesia are in unison with modern paediatric anaesthesia practice, good standards of safe patient care and the recommendations contained in the National Confidential Enquiry into Perioperative Deaths report [7].

Full acknowledgement is given to the major role anaesthetists and anaesthesia play in the successful outcome of day surgery. Anaesthetists will welcome the advice “a parent should be enabled to be with their child, to help with the care whenever the child
is conscious and should be given timely information and support. The final decision to allow the parents to be present in the anaesthetic room should rest with the anaesthetist. This advice is particularly timely in view of the pressure on anaesthetists to allow unrestricted access of parents to the anaesthetic room and recent reports that the presence of some parents is not always supportive and in the best interests of their child [8, 9].

Parental presence in the recovery room is more controversial, although this is current practice in some hospitals [10]. Many anaesthetists, including this author, consider that parental support can be most beneficial to a child in the immediate recovery period after anaesthesia and surgery. With increasing use of regional anaesthetic techniques to provide satisfactory postoperative analgesia, patient distress in the recovery room is caused less frequently by inadequate pain relief. This is particularly the case with the pre-school and younger school child. Clearly, there are sound medical and humanitarian reasons for restricting parental access to the recovery area, and the decision to allow this must be made locally after discussion with all interested parties. However, better systems can be devised to enable parents effectively to support their children at this stage of their surgical treatment.

The CCHS has given its support to the proposal, first suggested in 1978 [11] and promulgated by Hatch in 1984 [12], that one, or preferably two, consultant anaesthetists in each district general hospital be given responsibility for paediatric patients. These consultants should be encouraged to develop and maintain a special interest and expertise in paediatric anaesthesia and would normally be the anaesthetists undertaking anaesthesia for paediatric day surgery. This proposal should not be difficult to implement; it does not require additional resources, it is already an accepted principle in the obstetric anaesthesia service and it is cost effective. In addition, these consultants could bring a new dimension to the services provided for children in all district general hospitals: resuscitation, trauma care, or immediate intensive care for inpatient surgical patients. Furthermore, the teaching, training and supervision of trainee anaesthetists in paediatric anaesthesia, a scarce resource, would be maximized and enhanced.

The aim of the report [6] is to promote rather than to deter the development of paediatric day care. The report clearly identifies the standards to which all should aspire and gives practical advice on how these may be achieved. It should be used in discussions to guide management and not as an excuse for providing an unsatisfactory service.

Children must be protected from the potentially adverse effects of a stay in hospital. Admission to units designed to meet the unique needs of children can provide equally effective treatment on a day basis.

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