

EPA 6 – Anaesthetise or sedate children 5 years and over for low-risk elective surgery and manage paediatric patients in emergency situations, if required, in the rural or remote context.

Description

The trainee can communicate in an age-appropriate manner with paediatric patients, and their caregivers, to ascertain suitability for anaesthesia in a rural or remote setting. They can complete a thorough preoperative assessment and identify patient factors, surgical factors and facility factors that influence whether providing anaesthesia for surgery, including any paediatric patient in emergency situations, is in the best interests of paediatric patients.

The trainee demonstrates the development of an appropriate anaesthetic management plan for paediatric patients. They can provide reliable anaesthesia or sedation to paediatric patients down to the age of 5 with a strong focus on safety.

Expected knowledge, skills and attitudes

Obtain a targeted history and perform a focused examination to identify features that will affect perioperative anaesthetic planning and management.

Use a structured approach to assess perioperative risk and identify factors which indicate a paediatric patient's anaesthesia should be deferred i.e., intercurrent illness, or they should be transferred to a more specialised centre for paediatric anaesthetic care.

Identify opportunities during the perioperative period to advocate for healthy behaviours which will positively impact on a child's health.

Formulate an age-appropriate anaesthetic plan for and with paediatric patients, involving parents as appropriate in decision making.

Obtain consent from/for paediatric patients, taking into consideration legal and ethical issues.

Use various communication strategies to optimise the patient experience and minimise the anxiety of paediatric patients and their parents in the perioperative period especially during induction of anaesthesia.

Select appropriate premedication for paediatric patients.

Select equipment of an appropriate size and demonstrate a systematic approach to:

- BMV and perform manoeuvres to relieve airway obstruction
- Insertion of different LMAs
- Endotracheal intubation, including rapid sequence induction
- An unexpected difficult airway.

Assess when the benefits to providing emergency care for paediatric patients in the rural or remote setting outweigh the risks.

Perform a gaseous induction for paediatric patients 5 years and over for emergency surgery or low risk elective surgery.

Perform an IV induction for paediatric patients 5 years and over for emergency surgery or low risk elective surgery.

Work collaboratively with other team members to provide complete, evidence based, paediatric anaesthetic care.

Manage pain, postoperative nausea and vomiting and emergence delirium in paediatric patients.

Enlist the cooperation and assistance of others, including obtaining guidance from distant colleagues, to optimise patient anaesthesia care.

Workplace-based Assessment

Evidence, which demonstrates competence, must include the following workplace-based assessments on paediatric cases with patients aged 5-10 years, as a minimum:

- Patient Consultation Observation – preoperative assessment
- Mini CEX – gas induction and insertion of airway
- Mini-CEX – IV induction or an emergency case
- Case based Discussion – the three cases provided by the trainee must include:
 - management of anaesthesia for elective surgery for a paediatric patient
 - emergency surgery or procedure for a paediatric patient.

Trainee name _____

Evidence presented by trainee:

Date	WBA type	Case	Level

WBAs were completed by a variety of assessors. Yes No

The trainee has:

Logged 30 paediatric anaesthetic cases with patients aged 5-10 years

Completed a paediatric life support course

Please select one of the following:

We confirm that the trainee is competent to anaesthetise or sedate children 5 years and over for low-risk elective surgery and manage paediatric patients in emergency situations, if required, in the rural or remote context.

The trainee must continue to collect evidence to support completion. Please comment on WBAs or other evidence required prior to re-submission for review.

Supervisor name: _____

Signature _____ Date _____

Second Supervisor name _____

Signature _____ Date _____