
PEDIATRIC CONTROVERSIES

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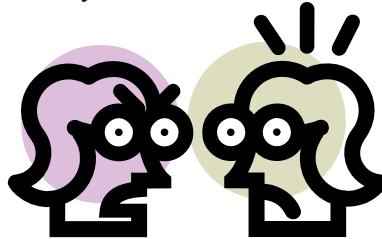
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Below are listed some topics that we thought might be controversial and stir up interesting discussion. Please look these over before the workshop and let us know if there some things you would like to talk about more than others. If you don't like any of our topics, choose your own. We'll talk about anything,



- Cutoff age for young pediatric patients in freestanding outpatient facilities?
 - Absolute age?
 - Co-existing Medical Conditions?
 - Type of surgery?
- Medications for Rapid Sequence Induction
 - What the heck is wrong with Succinylcholine?
 - I never use sux,
 - I never use muscle relaxants
 - Have you tried Remifentanyl?
- Pain medication for tympanotomy and tube placement? Is it overkill or entirely appropriate?
 - Do they hurt?
 - Should we be concerned about emergence?
 - Should we be concerned about side effects?
- NSAIDs for tonsils and or adenoidectomies?
 - No they will increase bleeding
 - Yes they help minimize the amount of opioid necessary and decrease the risk of respiratory depression
 - Yes, except for ketorolac
- Tricks with Propofol
 - Can it replace mivacurium?
 - Better than narcotics at end of procedure?
 - Best bet for emergence agitation?

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- Deep sedation and non-anesthesiologists in different kinds of facilities?
 - Just part of the practice of medicine (nursing?)
 - Everyone is just 5 minutes away from permanent neurological damage
 - Anesthesia for muscle biopsy
 - They're all MH susceptible
 - What if they have the metabolic disorder that causes cell breakdown if you use propofol?
 - Just do regional
 - Pre-op sedation for all?
 - Every 2-5 year old?
 - No-one?
 - We can't wait for the pre-op
 - It delays emergence
 - Patient with obstructive sleep apnea?
 - What to do with the colleague that doesn't follow the NPO rules?
 - Ex-preemie for a minor out patient procedure—are we any closer to really knowing when it is safe to send them home?
 - Airway management for endoscopy?
 - Spontaneous respiration with supplemental oxygen?
 - Intubate them all!
 - Child presents for surgery. History significant for “snoring”
 - Treat them all as if they have OSA
 - Depends on type of surgery
 - When should a child with OSA be done as an outpatient
 - Anesthesia for CT scans/other types of imaging
 - Neurodegeneration in immature animals/humans after exposure to common anesthetics
 - Research results are not ready for prime time
 - This will be the next great challenge in pediatric anesthesia
 - Routine BIS monitoring?
 - Nah-it doesn't work anyway
 - Of course it helps speed up emergence and decreases costs
 - It helps me realize how excessively I overanesthetize patients
 - Cuffed endotracheal tubes in young children—great idea or asking for increased airway problems?
 - Parental presence for anesthesia induction
 - Yes, yes yes and 1000 times yes for all
 - No, never, that's what midazolam is for
 - Yes for some