

PEDIATRIC CONTROVERSIES

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Please bring your cases, concerns or questions; here are a few that keep us arguing late in to the evening:

- LMA or other supraglottic device for otherwise healthy, NPO child with supracondylar fracture?
 - They should all be treated as RSI
 - Great technique
 - Not as stable with positioning

- Lidocaine spray to vocal cords
 - IV is just as efficacious
 - Topical is way better
 - Does case duration impact your choice?

- Airway management for endoscopy?
 - Spontaneous respiration with supplemental oxygen? How small is too small for this approach?
 - Intubate them all!
 - LMA works great

- Ex-preemie for a minor out-patient procedure—are we any closer to really knowing when it is safe to send them home?

- Anesthesia for CT scans/MRI/other types of imaging
 - The multi study GA-how long is too long?
 - Infants for MRI's--intubate vs. natural airway?
 - Oral contrast issues prior to CT scanning. Natural airway/LMA or always intubate? RSI?

- What is your center doing with NPO guidelines? How liberal will you go? What constitutes a "light meal?"

- Where has your center settled vis a vis active URI and procedures? What constitutes "beyond a URI and really a LRI" for you? What if the child is inpatient with "resolving" respiratory process...how resolved is good enough? What about sedation for imaging during a cold?

- “Oh no-without trying I’m hearing a murmur” –when do I proceed and when do I really want some data?
- Emergence delirium or agitation in a toddler
 - Is it a problem you encounter?
 - How do you prevent or try to reduce the risk?
 - Once you have a bad case in progress-management tricks?
 - When do you intervene vs. wait an episode out?
- Is anyone using an age cutoff to avoid anesthetic exposures?
 - What do you say to the well-read family of an infant having a non-urgent procedure?
 - What is new in the political and study front in the past year? What about teens? (discussion/review neuronal apoptosis and neurodegeneration – learning disabilities –FDA SAFEKIDS[®] initiative-and policy statement, epidemiologic studies in process-NY twin study, sib-control study Iowa test score study, multicenter spinal vs. GA for hernias...and completed-Mayo)
- Medications for Rapid Sequence Induction
 - What the heck is wrong with succinylcholine? Why the black box pediatric labeling?
 - I never use sux,
 - I never use muscle relaxants
 - How about remifentanil?
- Your surgeon/center is debating care of infants for pyloromyotomy
 - What data exists about risks? (2 sides to this debate?)
 - What about awake intubation vs. RSI? What is your RSI procedure?
 - Is there any data about peri-operative apnea?
 - The surgeon wants to do these laparoscopically-is this a problem?
 - What lab cutoffs do you use for further hydration vs. proceed (ie pH, Cl, HCO₃, K or some combination?)
 - Do you give narcotic(s)?
 - What do you do if apneas are noted in PACU?
- You are a public regional referral center in a mid size town hundreds of miles from a pediatric center.
 - How do you decide what cases to do?
 - How do you tell the surgeons and hospital to send kids and families hundreds of miles for routine care?
 - Who should do them?
 - Age cut offs?
 - Co-existing disease?
 - What about the NICU babies?
 - If there is not consensus in the department?
 - How do you maintain neonatal/infant skills ?

- Anesthesia for a muscle and skin biopsy in a lower tone, delayed milestones infant
 - Do you use MH precautions? What if the infant is a difficult IV?
 - What about a mitochondrial workup in process- do you require preop testing/labs? What care do you alter when this is in the differential?
- PONV and pediatric patients
 - What is your treatment algorithm?
 - Are your strategies different than in adults?
- Many anesthesia departments are being asked to oversee all hospital sedation services; what do you do at your center?
 - How do you handle MD credentialing? –
 - Training and certification of non-MD providers?
 - Can the person doing the procedure also supervise the sedation?
 - Are some drugs restricted?
 - What about planned moderate and deep sedation?
 - What about RN (not CRNA) sedations and supervision?
 - How do you make supervision cost effective? Can it pay?
- Do you provide services for children with “repaired” or “stable” congenital heart lesions having routine peds surgery or sedated studies?
 - What heart lesions do you keep vs. send to the tertiary peds program?
 - What lesions / patient groups /co-morbidities do you worry most about?
 - Who decides? Do you have guidelines for your surgeons and referring specialists?
 - Assuming you handle some cases... what does your group do about the consultant or parent comment “request cardiac anesthesia”
- Do you use “newer” drugs or older black box drugs in your pediatric practice
 - Ketorolac--dosing—and how young?
 - Dose of rectal acetaminophen
 - Remifentanyl in infants , oral oxycontin, tramadol, neurontin for large surgeries
 - Celebrex -anyone using this for s/p tonsillectomy?
 - Dexmedetomidine either for sedation or as part of GA -especially at the Boston dosing (up to 3/kg load); intranasal dexmed
 - Ropivacaine for caudals or in epidurals in lieu of bupivacaine?
 - Droperidol-for nausea? As a sedative?

Other Controversies

- Pediatric subspecialty certification
- Work hours rules
- The shift to public financing of pediatric care and the impact on anesthesiology