PSYCHOACTIVE MEDICATIONS AND CHILDREN ADMITTED FOR SURGERY AND ANESTHESIA

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Background: Children presenting for anesthesia and surgery may be taking regular prescribed and un-prescribed medications. Accepted screening procedures for admission highlight many of these medications such as inhaled steroids or insulin, facilitating planned perioperative care with regard to fasting, potential anesthetic implications and recommencement of medications.

We have observed an increase in numbers of children being admitted who are using psychiatric medications. Many of these medications, e.g. quetiapine, are prescribed on a named-patient basis and their potential interactions with anesthetic medications are not described. In addition, some children are administered active pharmacological compounds by their parents that are not prescribed by a doctor, such as valerian and melatonin.

Objective: The objective of our study was to quantify the proportion of children presenting for routine and emergency surgical admission who are taking a psychoactive medication and describe the perioperative issues associated with their use.

Methods: This was an prospective, observational audit without an intervention. data was recorded anonymously.

Results: 898 children were enrolled over a 6 month period. 22(2.5%) children were taking a psychoactive medication. 17 of those (77%) were prescribed by a physician, the remainder were not. Eight different medications were detected. There were 2 adverse clinical events documented as being associated with coincident anesthesia and psychoactive compounds.

Conclusions: A small proportion of children admitted for surgery are taking a medication which is pharmacologically active in the brain and may affect their perioperative care. Anesthesia providers require further information and awareness on this potential interaction.