Peripheral nerve blocks – Free papers 4

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Application for ESRA Abstract Prizes: I apply as a Trainee/Resident/Fellow (no age limit)

Background and Aims Regional anaesthesia (RA) in children is being driven by the translation of adult ‘plan A blocks’ into paediatrics. Utilisation hosts many benefits including anaesthetic drug sparing on the developing brain, improved recovery profiles and analgesia action on immature pain pathways. We proposed that inaccurate consent information would affect confidence in and uptake of RA. We aimed to review current practice of consent with a forward plan to provide a unified, accurate message to caregivers.

Methods We performed a retrospective audit of patients who had Trauma and Orthopaedic surgery at the Bristol Royal Hospital for Children over a three-month period, identified via our electronic theatre system (Bluespier). These 205 cases yielded 32 who had peripheral RA (15.6%) and their anaesthetic charts were analysed. Standards of consent were set against national guidance (RA-UK/AAGBI).

Results Of the 32 patients, 31 had consent discussions documented with only 21 referencing a named block. The benefits/alternatives were discussed in nine cases while simple post-op analgesia or limb safety was never explained. Risks of RA were discussed in just 10 cases (31%), with block failure advised in only seven.

Conclusions This limited consent may in part reflect the lacking international guidance of RA risks specific to children. To standardise consent we have produced an aide memoire and documentation template that includes recommendations by AAGBI/RCOA alongside specific paediatric RA risk considerations (figure 1). Additionally, we have produced an information leaflet and educated our anaesthetists on recent