

## Glossary of Medical Terms

**Anesthesia** – These medications enable the painless performance of medical procedures. Often referred to as “going to sleep.” Really, being under anesthesia is nothing at all like sleep. There are many medications, both gas and IV, that are used to have your child go to sleep and stay asleep. Because of this, the medicines must be continuously given to keep your child anesthetized. For most children, gasses are used. When the surgery is over, the anesthesiologist will discontinue the medication. These gases may cause your child’s breath to smell strange after surgery.

**Anesthesiologist** – This is a doctor specially trained in anesthesia and perioperative medicine. Training includes airway management, pain control, intraoperative life support, and postoperative patient care.

**Child Life Specialist** – This is a pediatric health care professional who works with children and families in hospitals and other settings to help them cope with the challenges of hospitalization, illness, and disability. They provide children with age appropriate preparation for medical procedures. They may use play, conversation, distraction, and other forms of self-expression. They may be present in the preoperative area and help other staff to explain what is happening and why. They often accompany a child into the induction room.

**Consent for Surgery** – Once the surgeon has explained the procedure and answered all questions, the surgeon and legal guardian will sign the surgical consent. This gives permission for the surgeon to perform the listed surgical procedure.

**Discharge Instructions** – You will be given instructions on how to safely care for your child once you get home. These might including what your child can and cannot do, how to take care of their dressing, medications to use, when your child can eat and drink, what to watch for, follow-up appointments, and when you should contact your surgeon. You could be given a school excuse, and you may also request a work excuse.

**Discharge Medications** – Your child may have a variety of medications prescribed for them after surgery. These can include pain medications, antibiotics, ointments, drops, and breathing nebulizers.

**Emerging** – This is another term for coming out of anesthesia. Your child might emerge from anesthesia in a gentle fashion or may emerge upset. **Emerging Delirium** is common in children, especially ages 2-5. They can be irritable, combative, inconsolable, or uncompromising. They may not recognize familiar objects or people. The good news is that it is not permanent and does not cause any long-term side effects. In most cases it passes after 5-15 minutes. During this time, the recovery room nurse will try to prevent your child from pulling out IV catheters, dressings, or drains and prevent them from injuring themselves. Allowing your child to wake up on their own without being stimulated may decrease some of these behaviors.

**HIPPA – Health Insurance Portability and Accountability Act** - HIPPA protects all individually identifiable health information in verbal, written, and electronic forms to those who need to know. The following cannot be shared with others who are not involved with your child's care if it contains identifying demographics such as their name, social security number, birthdate, or address: Health or mental conditions in the past or present, admissions, treatments and procedures, or billing and payment information.

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**Induction Room** – This is a room outside the operating room where anesthesia may be given. You may be allowed to be with your child in the induction room when he/she receives anesthesia. This decision is up to the anesthesiologist. You may not be allowed into the induction room because you are too anxious, feel faint, or are pregnant. If you do not want to accompany your child into the induction room, you do not have to. If you enter the induction room, you will stay by the bedside to comfort your child while he/she receives anesthesia to go to sleep. Most children will breathe medicine through a special mask to fall asleep. For older children, an IV catheter may be used. There may be times when an induction room is not available or the anesthesiologist decides not to use an induction room. In these cases, the anesthesia induction process will be started in the operating room. As your child falls asleep, they may fall asleep smoothly or they could enter a state of excitement. If you witness your child moving in a way that seems unusual, this is a normal reaction to the anesthetic. As soon as your child is relaxed and falling asleep, the anesthesiologist will let you know that it is time for you to go. You will then be escorted to the surgery waiting room.

**IV** – IV means intravenous and gives medicine or fluids through a needle or tube inserted into a vein. This allows the medicine or fluid to enter the bloodstream right away. A needle is inserted into a vein, most often near the wrist. A thin plastic tube called a catheter is then pushed over the needle. The needle is removed, and the tube remains.

**Name Bracelet/Allergy Bracelet** – This name bracelet will identify your child. It is important you verify that the first and last names are spelled correctly along with the correct date of birth. This bracelet will be used throughout their hospital stay to identify them. Most

will also have a bar code used for scanning medications given. If your child has any allergies, they will be given an additional bracelet that will list these.

**NPO Guidelines** – NPO means “Nothing by Mouth.” Your child will need to stop eating and drinking for a certain time period before their surgery for their safety. You will be given clear instructions on when to stop eating and drinking. It is important to abide by these times or your surgery may be delayed or cancelled.

**Operating Room Nurse** – This nurse prepares operating room for surgery. They also provide support to the surgeon and anesthesiologist, help maintain the patient’s safety, and transport the patient to the recovery room with anesthesiologist.

**Pre-Medication** – There are medications that can be given to your child in the pre-op area prior to their surgery to help relieve some of their anxiety. One of the goals of the pre-medication is to reduce your child’s stress and make the separation from you less traumatic. Pre-medication often produces amnesia for the time period it is used which can be helpful in children. It will not put them to sleep. If they are given a pre-medication, they will be placed on a monitor.

**Pre-Operative (Pre-Op) Area** – This is where your child will get prepared for surgery. Staff will confirm your child’s identification bracelet. They will dress your child in the hospital gown or pajamas, take vital signs, weigh your child, and confirm health history and medication list. It is also here that you will meet with the surgeon and the anesthesiologist to discuss the procedure and anesthesia and have them answer any questions. If a pre-medication is ordered to help your child relax before surgery, it will be given in this area.

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**Pre-Operative (Pre-Op) Call** – You may receive a pre-op phone call the day before surgery to confirm your arrival time and to go over when your child should stop eating and drinking. A review of your child's current health and health history, including any medications your child is taking, will also occur. It is important to follow the instructions given. It is usually advised not to bring any other children or any ill visitors with you on the day of surgery. Preteens and teenage girls are often told to bring a urine sample with them or be prepared to give one the day of surgery for a pregnancy test.

**Pre-Operative Clinic (Pre-Op)/Preview Clinic** – You may receive a screening call or be scheduled for an appointment anywhere from a day to weeks before your scheduled surgery in a pre-op/preview clinic. This visit is to help prepare your child for what will happen on the day of the surgery. This is a screening visit, used to collect health information about your child before the surgery to identify any medical conditions, obtain a list of current medications, perform a physical assessment, order or interpret any test results (i.e., X-rays, lab tests, EKG, etc.). This appointment is used to help identify if your child has any special needs, medical conditions, or any complicating circumstances related to surgery or anesthesia. During this appointment your child may meet and play with a Child Life Specialist. They are here to provide age-appropriate support, which may include role-playing all parts of the anesthesia and surgery experience with you and your child.

**Pre-operative (Pre-Op) Nurse** – This nurse takes care of children when they arrive for their procedure/surgery. Prepares children and their families for surgery including explaining everything that will happen in the pre-op area. They take vital signs, confirm health history, perform physical assessment, help the child put on surgical pajamas, administer pre-medications, and confirm completion of surgical paperwork.

**Recovery Room (PACU - Post Anesthesia Care Unit)** – After your child’s surgery, the anesthesiologist and OR nurse will transport your child into the recovery room/PACU which is often referred to as the “wake-up room.” Only 2 visitors per patient are usually allowed in the recovery room at one time. No other children are allowed into the recovery room.

Children wake up from anesthesia in many different ways. Some may wake up groggy and confused, some wake up crying and agitated, others may wake up like they had just taken a nap and are now wide awake. The recovery room nurses are specially trained to monitor and take care of your child and to help make them as comfortable as possible no matter how they wake up from the anesthesia. This time can be stressful for parents to see their child acting in a way that they normally wouldn’t. Anesthesia will wear off, and as it does, your child will return to his or her normal behavior.

**Recovery Room Nurse** – Nurses in the recovery room monitor children emerging from anesthesia, including vital signs, airway management, and administers medications including pain medications. Provides discharge instructions to caregivers.

**Registrations/Admitting** – Upon arrival to the hospital or surgery center, you will check in at the Registration/Admitting Department. Here you will complete your child’s registration process, including verifying your child’s personal information and present health insurance information. You will also sign admission paperwork.

**Special Request/Requirements** – You may be asked if there are any special religious, cultural or family circumstances, or practices that you would like the staff to be aware of.

**Surgeon** – This is a doctor who is specially trained to perform medical operations/surgeries. Surgeons operate on the human body in the event of illness, injury, or

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disease. Sometimes surgeries are performed to correct problems in the body or to explore a cause of a symptom.

**Waiting Room** – There will be a designated area for you to wait in during your child’s operation. This is where your surgeon will come find you after the procedure is finished to let you know how things went. While your child is in surgery, we strongly encourage you go eat or drink something so you will be able to best care for your child in recovery.

**Wong Baker Pain Scale** – This scale shows a series of faces ranging from happy face at 0—“No hurt” to a crying face at 10—“Hurts worst.” A child chooses the face that best describes how they are feeling. It is used to assess a child’s pain level after surgery.