

Anesthesia and Adenotonsillectomy for OSA

The goal of this survey is to summarize your typical management of an otherwise healthy child who has severe obstructive sleep apnea.

We would like to assess current practices by pediatric anesthesiologists.

Thank you for your participation!

Please click on **SUBMIT** at the end of the survey to save your responses.

A 6.5 year old boy with severe sleep apnea presents for adenotonsillectomy. He has a sleep study showing an AHI of 15 and oxygen saturation nadir of 89%. This is interpreted as severe sleep apnea in your institution. He has a normal BMI and is otherwise healthy.

The following questions relate to your usual management of this patient for his surgery.

- 1 After conversation with his parents, it is apparent that he would benefit from pre-med. How would you approach this?
- Oral Midazolam
 IV Midazolam
 No pre-med
 No pre-med, and parent present at induction
 Other

Your typical midazolam dose in mg/kg for this child:

Other pre-med drug and dose (mg/kg):

- 2 If this child had moderate sleep apnea (AHI between 5 and 10) would you change the pre-med or its dosage?
- Yes
 No

For moderate OSA in this child your typical pre-med and dosage mg/kg would be:

- 3 What route of induction would you typically use for a normal weight 6.5 year old child with severe OSA?
- Inhalation induction
 IV induction
 Other

What is the "other" type of induction you would use for this child? Please include medication and dosage if relevant.

- 4 Would you usually use nitrous oxide for induction in this normal weight 6.5 year old with severe sleep apnea ?
- Yes, typically
 Sometimes
 No

- 5 Which intra-op narcotic(s) would you typically use for a normal weight 6.5 year old child with severe OSA?
- Fentanyl
 Morphine
 Hydromorphone
 Other
 None

What would be your typical Fentanyl dose in mg/kg for this child?

What would be your typical Morphine dose in mg/kg for this child? _____

What would be your typical Hydromorphone dose in mg/kg for this child? _____

What other intra-op narcotic would you typically use for this child? Please tell us the drug and mg/kg dose. _____

- 6 Compared to a similar weight and age child WITHOUT OSA, your typical intra-op narcotics dose for this child with SEVERE OSA would be:
- The same
 Higher
 Lower

- 7 Which intra op anesthetic gases would you typically use for a normal weight 6.5 year old child with severe OSA?
- Sevoflurane
 Desflurane
 Other

The "other" anesthetic gas you would typically use for a normal weight 6.5 year old child with severe OSA: _____

- 8 Do you typically use IV dexamethasone during adenotonsillectomy for a 6.5 year old normal weight child with severe OSA?
- Yes
 No
 I would typically use another steroid

The typical dexamethasone dose you would use for a 6.5 year old normal weight child with OSA is:

- < 0.2mg/kg
 Between 0.49 mg/kg and 0.2 mg/kg
 0.5 mg/kg
 >0.5 mg/kg

What is the other steroid you would use in this case? Please indicate the drug name and usual dose in mg/kg. _____

- 9 Would you typically give glycopyrrolate during adenotonsillectomy for a 6.5 year old normal weight child with severe OSA?
- Yes, typically
 Sometimes
 No

What dose of glycopyrrolate would you typically use?

- < 0.01 mg/kg
 0.01 mg/kg
 >0.01 mg/kg

- 10 Would you typically give ondansetron during adenotonsillectomy for a 6.5 year old normal weight child with severe OSA?
- Yes, typically
 Sometimes
 No

- 11 Would you typically give IV acetaminophen during adenotonsillectomy for a 6.5 year old normal weight child with severe OSA?
- Yes, typically
 Sometimes
 No

What dose of IV acetaminophen would you typically use?

- Less than 10 mg/kg
 10 mg/kg
 11 mg/kg to 14 mg/kg
 15 mg/kg or more

- 12 Would you typically give IV NSAIDS during adenotonsillectomy for a 6.5 year old normal weight child with severe OSA?
- Yes, typically
 Sometimes
 No

What is the name and dose (mg/kg) of the IV NSAID you typically use?

- 13 What would be your typical extubation practice in a 6.5 year old normal weight child with severe OSA?
- Usually extubate them deep
 Usually extubate them awake
 Keep endotracheal tube in place to PACU and then extubate awake
 Other

What is your typical "other" extubation practice?

- 14 What would make you cancel this case? Please check all that apply.
- Fever
 Rhinorrhea
 Non-productive cough
 Productive cough
 Wheezing
 Other

What is your "other" reason for cancelling?

- 15 In the PACU (Recovery Room), would you typically use narcotics for this 6.5 year old normal weight patient with severe OSA?
- Yes, typically
 Sometimes
 No

In the PACU, which narcotics would you typically use for a normal weigh 6.5 year old child with severe OSA?

- Fentanyl
 Morphine
 Hydromorphone
 Other

What fentanyl dose in mg/kg would you typically use for a normal weight 6.5 year old child with severe OSA in the PACU?

What morphine dose in mg/kg and route would you typically use for a normal weight 6.5 year old child with severe OSA in the PACU?

What hydromorphone dose in mg/kg and route would you use in the PACU for a normal weight 6.5 year old child with severe OSA?

What "other" narcotic would you use in the PACU for a normal weight 6.5 year old child with severe OSA? Please include drug name, dose mg/kg and route.

- 16 Do you routinely use oxygen supplementation in the PACU for children with severe OSA?
- Yes, typically
 Sometimes
 No

- 17 Do you typically have other standard PACU medications for children with severe OSA? Please check all that you would consider routinely used in your practice.
- Acetaminophen
 Ibuprofen
 Ondansetron
 Glycopyrrolate
 Dexamethasone
 Other

What is your "other" standard PACU medication for children with severe OSA?

- 18 If this 6.5 year old child with severe sleep apnea instead had a BMI of 32 (obese), would you do anything differently?
- Yes
No

- 19 Where would you change your usual protocol if this child with severe OSA were also obese?
- Pre-med
 Induction
 Intra-op medications
 Extubation
 PACU or Recovery Room

If this child were obese, how would you change your pre-med routine?

If this child were obese, how would you change your induction routine?

If this child were obese, how would you change your intra-op medication routine?

If this child were obese, how would you change your extubation routine?

If this child were obese, how would you change your PACU or Recovery Room routine?

- 19 Do you use ideal or actual body weight to dose pre-medications in obese children?
- Ideal body weight
Actual body weight
Other

- 20 Do you use ideal or actual body weight to dose narcotics in obese children?
- Ideal body weight
Actual body weight
Other

- 21 Do you have standard guidelines for pre-op, intra-op and post-op management of children with OSA undergoing adenotonsillectomy at your institution?
- Yes
No
Not sure

Your demographics:

How many years have you been in practice?

< 5 years
Between 5 and 10 years
More than 10 years

Your main work environment is:

- Free standing surgery center
- General hospital
- Children's hospital within a general hospital
- Free standing children's hospital
- Other

Do you participate in resident teaching in the OR?

- Yes
- No

How often do you encounter children with OSA in your practice?

- Rarely or never
- A few times per year
- At least 1 per month
- At least 1 per week
- Daily

How comfortable are you managing children with severe OSA? Please slide the marker on the scale to indicate your comfort level.

Not comfortable
at all

Somewhat
comfortable

Completely
comfortable



(Place a mark on the scale above)

Your comments are welcome! Thank you for participating in this survey.