Induction of general anesthesia is an extremely stressful time for children. Increased levels of anxiety during induction are associated with negative outcomes. Video-based distraction techniques upon pediatric induction have shown to be effective in reducing levels of anxiety, however, there is a gap between the data and clinical practice.

Purpose
- Education and dissemination of current data
- Maximize the benefits of technology in clinical practice
- Improve the pediatric perioperative experience and clinical outcomes

According to the National Health Interview Survey (NHIS), approximately 3.9 million surgeries are performed on children each year (Rabbitts et al., 2020).

In the setting of COVID-19, parents are not routinely allowed in the ORs for induction, thus we must consider alternative interventions.

Children undergoing surgery are at an increased risk of experiencing perioperative anxiety and its associated negative effects.

According to the National Health Interview Survey (NHIS), approximately 3.9 million surgeries are performed on children each year (Rabbitts et al., 2020).

In the setting of COVID-19, parents are not routinely allowed in the ORs for induction, thus we must consider alternative interventions.

Children undergoing surgery are at an increased risk of experiencing perioperative anxiety and its associated negative effects.

Consistent use of video distraction can provide a cost effective alternative and/or adjunct to parental presence

Reduced levels of anxiety = shorter PACU stays = more efficient services

Allows for future iterations of the project to be continued and become a consistent adjunct to clinical practice

Pre-intervention baseline usage rate for video-distraction: 40%

Post-intervention usage rate for video distraction: 77.2%

Total number of QR scans: 36

Please scan the barcode to view videos. Please contact Bryan Gaeta or Jacqueline Palmer for a complete list of references.

bg508@sn.rutgers.edu
jip41@sn.rutgers.edu