

# WUS: Outpatient Pediatric Pre-Anesthesia Testing Practices Survey (Arkansas Children's)

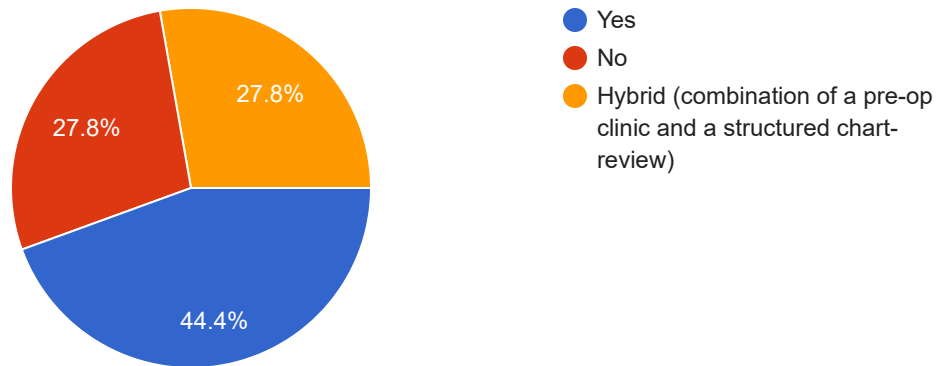
18 responses

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1. Does your institution have a dedicated pre-anesthesia testing (PAT) clinic?

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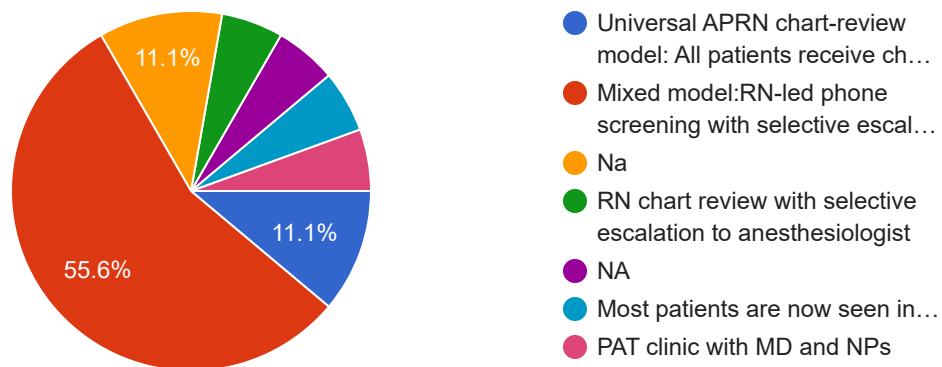
18 responses



2. If your institution does NOT have a formal pre-anesthesia clinic, how is pre-anesthesia readiness typically evaluated?

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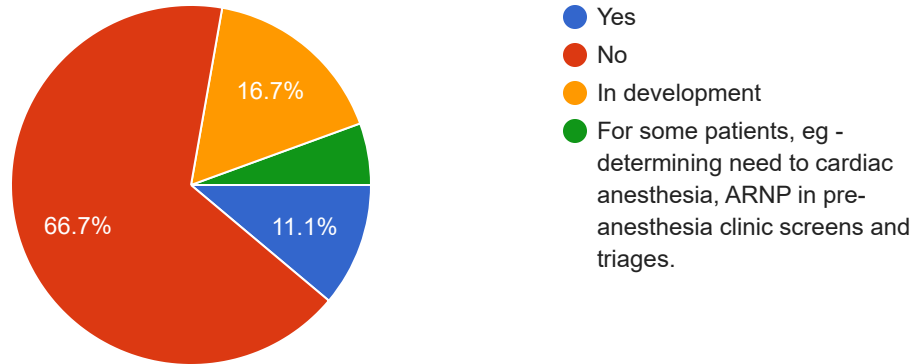
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### 3. Does your institution use an automated risk-stratification or triage tool to guide escalation during preoperative screening?

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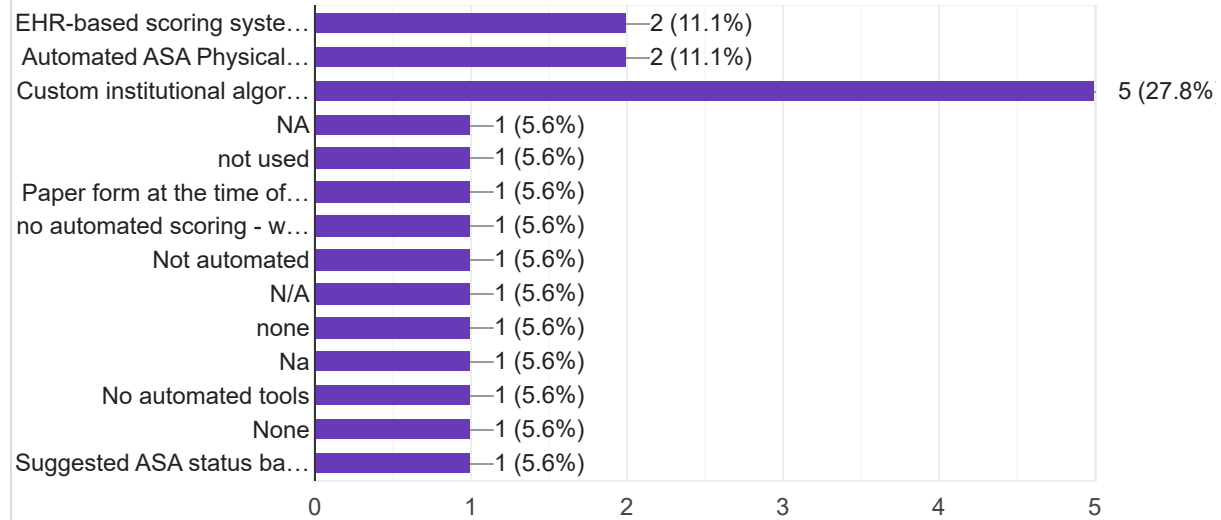
18 responses



### 4. If applicable, what type(s) of automated tools are used? (Select all that apply)

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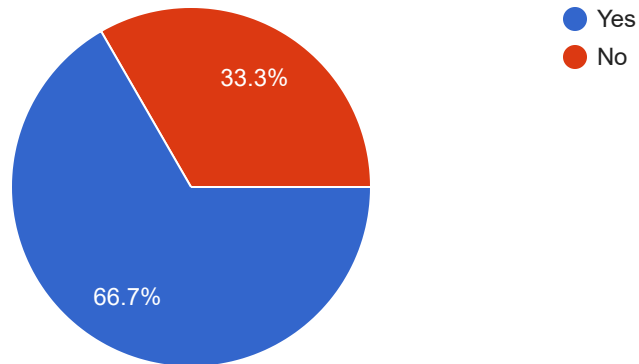
18 responses



5. Does your institution use a standardized patient or caregiver questionnaire as part of preoperative screening?

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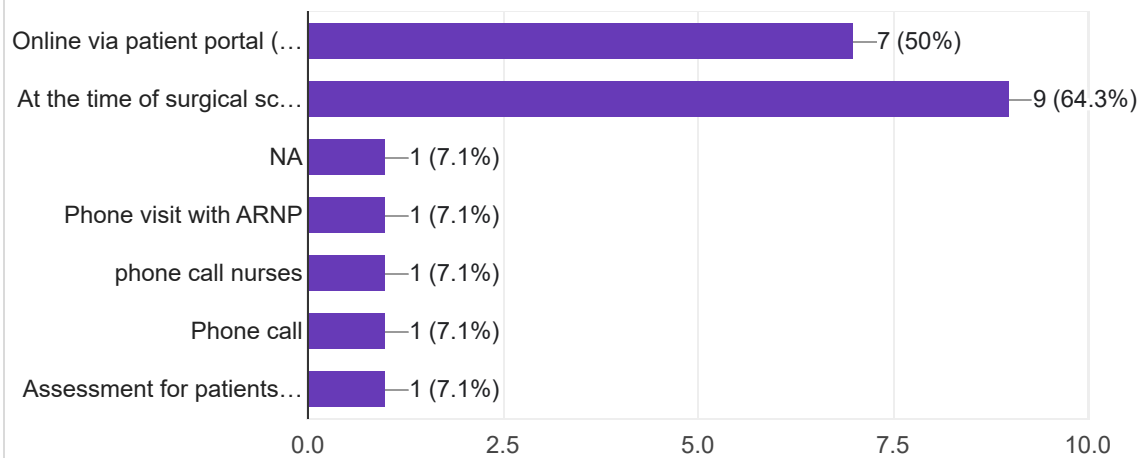
18 responses



6. How is the questionnaire administered? (Select all that apply)

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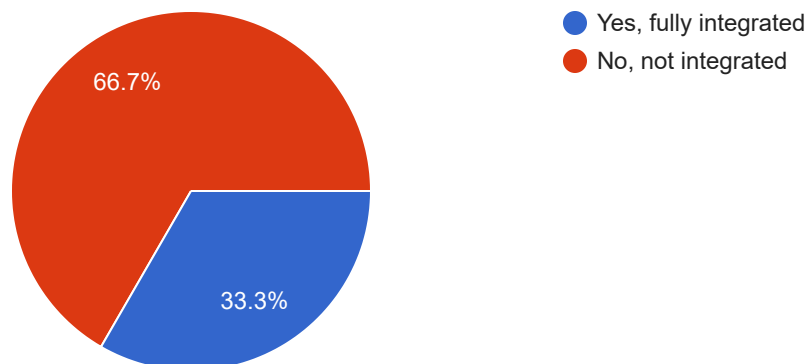
14 responses



7. Are patient or caregiver questionnaire responses integrated into the electronic health record (EHR)?

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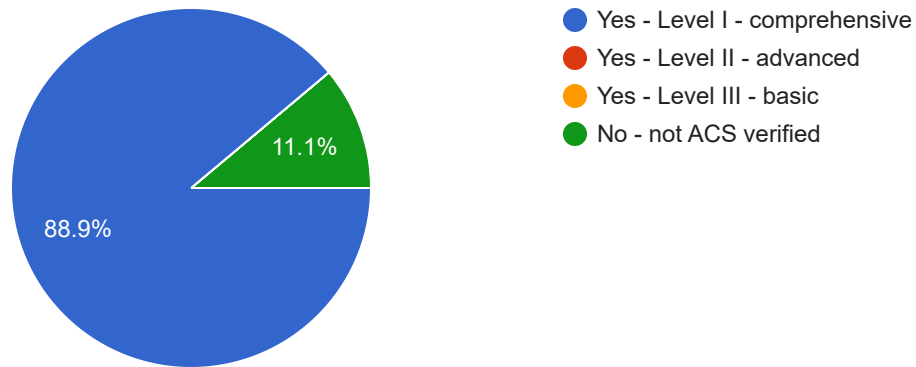
18 responses



### 8. Is your hospital an ACS designated children's surgery center?



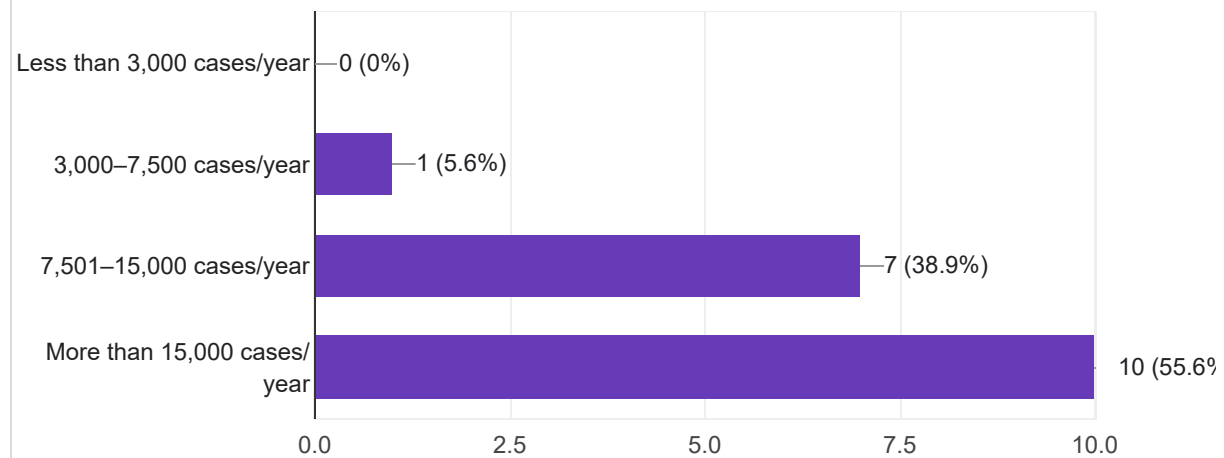
18 responses



### 9. Approximately how many pediatric surgical cases are performed annually at your institution?



18 responses



## 10. What are the top three challenges your institution faces in the preoperative evaluation process?

18 responses

getting them done 25/7

no resources

Lack of FTE for physician led pre op assessment.  
Criteria for pre anesthesia evaluation not adequately developed

nursing resources, anesthesia attending resources

1. Follow up with appropriate specialists (Cards, Neurology, Pulm ect) to optimize their medical issues
2. Early detection of family bleeding issues
3. Frequent illness especially during respiratory season and delay of getting to OR

- 1 not enough personnel to call all the patients yet- we have plans to hire
- 2 not enough space to see all the patients yet - construction underway and we may get space
- 3 not integrated into EMR

1. Lack of space , resources, APRNs/ RNs 2 to have pre op clinic. 2. Comprehensive risk stratification score. 3. No dedicated time allotted.

Integrating information from complex patients from previous institutions without EHR; Less than 40 percent of patients registered with electronic patient portal thus utilizing online questionnaires are challenging

Education

STAFFING

Short staffed, last minute requests

Late added cases (<1wk) can't always be evaluated, recommendations not always followed or request for service evaluations not done

Surgeon communication with anesthesia team prior to day of surgery, funding for preop clinic, staffing for preop clinic

No one available to complete chart review. No response for cardiac inquiries. No money for



preop clinic.

Volume and complexity

Not a standardized risk stratification tool, suboptimal NPO adherence, No universal tool for cancellation ( i.e. URI) , so patient has to come to get evaluated

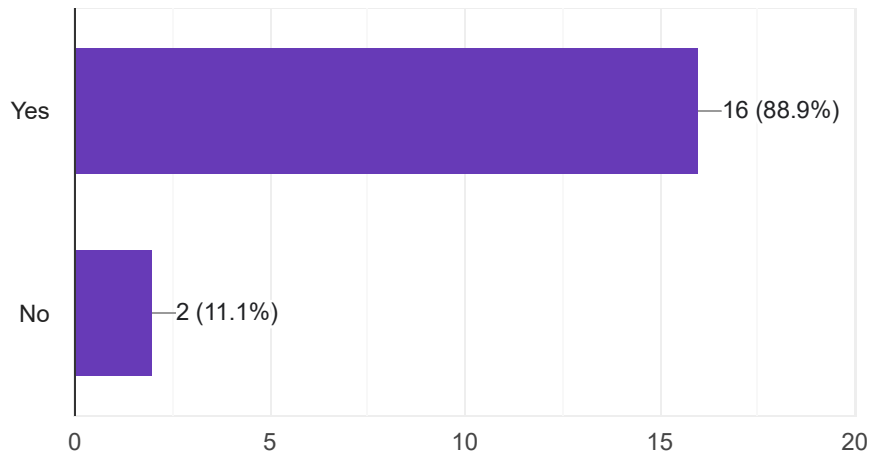
Behavioral health patients, majority of complex patients



**Thank you for completing this questionnaire. We will share the result during the WUS conference Call on March 5, 2026. **Would you like a summary of the discussion shared with you?****



18 responses



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