

Title: Paediatric Anaesthesia at Great Ormond Street Hospital (GOSH)

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ABSTRACT BODY:

History: The Hospital for Sick Children opened its doors in February 1852. It was founded by Dr Charles West. His dream was that it should be a National Centre for Child Health, Treatment and Research. When it first opened it comprised 10 beds in 2 wards in a converted town house. There were 2 doctors Dr West and Dr W. Jenner and 1 surgeon. The first patient was a 2 year old boy admitted with diarrhoea.

Charles Dickens, a near neighbour, was the first celebrity supporter of GOSH!

In 1875 it moved in to a larger, purpose built premises complete with operating theatre. In 1895 the first full time anaesthetist was appointed; Dr R. Turle-Bakewell. It was not until 1933 that a female anaesthetist was appointed ; Miss I. Valance.

At first the hospital provided care to the children from the surrounding slums of the London Boroughs of Camden, Islington and Hackney. These days it is a tertiary referral centre accepting cases from all over Britain and indeed the world. Today it has 354 beds and the site is undergoing extensive redevelopment and improvement works.

Demographics: During the financial year April 2006 –April 2007 the Anaesthetic department anaesthetised 14189 patients. Of these 732(5.1%) were <1 month. 2057(14.5%) were 1 month to 1year. 5091(35.9%) were 1-5 years. 334(23.5%) were 5-10 years and 2968(20.9%) were >10 years old.

There are 9 Operating Theatres in GOSH. 8832 cases were carried out in operating theatres. The remaining 5357 anaesthetics were given in a variety of locations throughout the hospital including 1923 in the Interventional Radiology Department, 1220 in the MRI Suite and 1176 in the Haematology/Oncology Day Unit.

Around 30% of the total cases were Day Cases.

The Pain Service at GOSH cared for 1635 inpatients during the same time period. 90% of these were post-operative patients.

The pain Service is staffed by 5 full time Nurses supported by 5 consultant anaesthetists and a Senior Pharmacist.

155 epidurals were used for post –operative pain but the majority(>1000) of children seen by the pain service were managed with either nurse or patient controlled analgesia.

Names and Special Interests of Permanent Consultant Anaesthetists

Bob Bingham	Resuscitation Liaison / Blood Bank Liaison / Craniofacial Liaison
Ann Black	Lead Clinician for Island Day Unit / Audit Critical Incident (CI) Monitoring
Phil Cunnington	Update of consultant welcome packs / Department website / Trainee Tutorials / Drug book publication
David de Beer	Equipment/ Liaison for Chelsea and Westminster (C&W) Simulator / Department Finances
Hilary Glaisyer	Trainee Tutorials / Haematology / Oncology Liaison
Louise Harding	Haematology / Oncology Liaison / Audit CI Monitoring / Morbidity & Mortality(M &M) meetings
	Unit Lead for Clinical Governance
Jane Herod	Renal Team Liaison / Department Rota / Leave Requests
Richard Howard	Acute and Chronic Pain
Elizabeth Jackson	Clinical Unit Lead / Research Facilitator / Link for European Working Time Directive planning
Ian James	ICU Liaison
Adrian Lloyd-Thomas	Pain Management
Su Mallory	Liaison for C&W Simulator / Department Library / Trainee rotations
Richard Martin	
Angus McEwan	Ethics Committee Liaison / Liaison for Cardiac Anaesthesia
Reema Nandi	
Kar-Binh Ong	
Steve Scuplak	Radiology Liaison / Recovery / Departmental IT / Rota planning
Jonathan Smith	
Mike Sury	Sedation / Liaison cleft lip and palate team
Mark Thomas	Pain Management / Internet & Technology Liaison / Liaison with C&W Simulator / Drug handbook publication / Breakfast Meetings
Isabeau Walker	Sickle Liaison / Deputy Clinical Tutor for the Hospital

Glyn Williams

College Tutor / Pain Management / Consultant welcome pack / Maintenance of Association of Great of Anesthetists of Great Britain and Ireland (AAGBI) & Royal College of Anaesthetists (RCOA) guidelines / Clinical Unit Lead for Research

Sally Wilmshurst

Training Opportunities. There are 16 post –fellowship Specialist Registrars at GOSH on 1 year rotations. 10 are from London Teaching Rotations and 6 are advertised in open competition. There are also 5 positions every 6 months (ie. 10 per year) and they are all from London teaching rotations. Occasionally there is an honorary position from the Forces and that person will be there for a varying amount of time. Part time trainees are taken in ‘slot share’ positions so there are no supernumery people on the rota.

During a 1 year post at GOSH the anaesthetic trainee will have the opportunity to experience all subspecialties of paediatric anaesthesia and will undertake a 3 month placement in either the neonatal/ paediatric intensive care unit (ICU) or the cardiac ICU. Anaesthetic training is based on a modular system and includes time spent doing blocks of cardiac, neuro, craniofacial, ear nose and throat (ENT), plastics and general surgery.

Training modules and competencies are all based around the RCoA Certificate of Completion of Specialist Training (CCST) guide and GOSH fulfills all their criteria for higher specialist training in Paediatric Anaesthesia. There is also a comprehensive appraisal/educational support process in place.

Other Interesting Information GOSH delivers the widest range of specialist care of any children’s hospital in the United Kingdom (UK). It does not have an Accident and Emergency Department (A&E) and only accepts specialist referrals from other hospitals and community services. The population served by the hospital is characterized by children with multiple disabilities/ health problems and rare and congenital conditions.

It is the largest centre in the UK for children with heart or brain problems and is the largest centre in Europe for children with cancer.

In partnership with the University College London (UCL) Institute of Child Health (ICH) , GOSH forms the largest paediatric research and teaching centre in the UK.