

[NM-169] The Impact of Parental Presence for Pediatric Inhalation Induction on Operating Room Time: A Retrospective Study

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**Background:** Parental presence during induction of general anesthesia for pediatric patients is a debated and widely varying practice throughout the United States. While the discussion on parental presence has revolved around the medical and psychological impact on pediatric patients, assessing the impact of parental presence on operating room (OR) time and efficiency has not be addressed in the literature. OR efficiency is a critically important consideration for all stakeholders in health care due to the high cost of running an OR and the current cost-conscious health care environment.

**Objective:** To determine the impact of parental presence during inhalation induction of anesthesia on operating room time as compared to no parental presence during induction.

**Primary Outcome of Interest:** Time duration from in-room to surgery start (minutes)

**Methods:** Institutional Review Board approval has already been obtained for this study and a retrospective chart review was conducted in all pediatric patients (ages 1-18) at Children's Hospital of Pittsburgh who underwent inhalation induction of anesthesia for non-emergent surgery from October 2011 to October 2013. The study population was then divided into two groups: 1) Pediatric patients who had parental presence during induction (PPI) and; 2) Pediatric patients who had no parental presence during induction (no-PPI). Both groups will be initially described using demographic and other patient characteristics with univariate analysis and then compared using chi-square test, t-test or Wilcoxon-Mann-Whitney test as appropriate. To assess the difference between PPI vs. no-PPI time duration from in-room to surgery start, while controlling for other risk factors, a multivariate analysis will be used. Statistical analysis will be conducted SAS software (version 9.3, SAS Institute Inc., Cary, NC, USA).

**Conclusion:** Our study results and conclusions are preliminary and ongoing at the time of this abstract submission. Our goal is to accurately determine if there is a correlation between parental presence for inhalation induction and OR time at a major children's hospital environment. Our results would be the first of its kind to contribute to the ongoing discussion among Pediatric Anesthesiologists, Pediatric Surgeons, OR Staff and OR Managers.

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