# Section on Anesthesiology & Pain Medicine NEWSLETTER

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

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## Chairperson's Report


Mary Landrigan-Ossar, MD, PhD, FAAP, FASA

Hello my friends, happy fall! I always enjoy the start of a new school year and have to restrain myself from buying school supplies that I don't actually need. Thanks for taking a few minutes to get caught up on the latest activities of the Section on Anesthesiology and Pain Medicine and of the Academy as a whole. The American Academy of Pediatrics remains the advocacy group with the greatest success in speaking up for children's health in the United States. In this newsletter we will give you some highlights that may be of interest, but for full information, check out the AAP News Room to learn about how the Academy is tackling important issues facing US children and children across the world.

I am certain that all of us who work with children are aware of the following two ongoing threats to pediatric well-being: the increasing toll of gun violence; and the evolving crisis in mental health and mental healthcare for children and adolescents. In July 2023, the AAP announced the formation of a new Firearm Injury Prevention Special Interest Group. The SIG will offer pediatricians and pediatric subspecialists a place to collaborate and build community around the work of firearm injury and violence prevention. The new group is open to all AAP members at no cost. To register, visit https://www.surveymonkey.com/r/firearmsigreg; you can also find more information about this on page 5 of this newsletter. I encourage anyone with interest in combating the gun violence crisis through advocacy to join the SIG.

This September, the Academy published a policy statement about pediatric mental health emergencies. The AAP is trumpeting that the time is now to improve access to emergency care for the rising numbers of children and adolescents seeking help for mental and behavioral health emergencies. The AAP, the American College of Emergency Physicians (ACEP) and the Emergency Nurses Association (ENA) are calling for systemic changes, more resources and a focus on inequities within the statement, "The Management of Children and Youth with Pediatric Mental and Behavioral Health Emergencies." The statement and an accompanying technical report were published in the September 2023 issue of *Pediatrics*, and you can read more about this on page 10.

The Section on Anesthesiology and Pain Medicine has several statements in various stages of preparation. These include *The Pediatrician's Role in the Evaluation and Preparation of Pediatric Patients Undergoing Anesthesia*, *Preoperative Clearance in Children With Congenital Heart Disease for Noncardiac Surgery: A Collaborative Approach* with the Section on Cardiology & Cardiac Surgery and *Referral to Pediatric Surgical Specialists* in collaboration with the AAP Pediaric Surgical Specialties Alliance. These statements are one of the major outputs of the Section and a fantastic way to collaborate with our colleagues in other pediatric subspecialties; if any members have a suggestion for a new statement please reach out to propose it.

Our Section will be offering several educational sessions at the AAP National Conference and Exhibition (NCE) in Washington, DC, this month. One is in collaboration with our friends from the Committee on Pediatric Emergency Medicine, titled "Crash Course in Pediatric Sedation," and the other is titled "Taking the Pain out of Pain Management". If you are planning to attend the NCE, please stop by and support our efforts. Also, please consider submitting a proposal for a section-sponsored educational session at the 2024 NCE, which will take

place September 27-October 1 in Orlando, FL. Members of our Section present various courses and workshops each year to their pediatrician colleagues at the NCE. We encourage your participation. All of the details on the 2024 call for proposals are included on page 3 of this newsletter. Proposals are due November 8th.

In addition to school supplies and all things pumpkin spice, fall is a time of transition for the section. This is my final report to you as Chairperson, as I hand the reins over to Dr. Dabe Chatterjee, and his Chair-Elect, Dr. Christina Diaz. It's been a great pleasure to be in this role for the past two years and to be part of the expansion of our educational and advocacy offerings. We thank Dr. Stephen Hays who will be rotating off the board this fall, and welcome Drs. Lena Sun and Brittany Willer who will be joining the Section's Executive Committee. For more on Section leadership transitions, please see page 5 of this newsletter.

I look forward to seeing many of you at the SPA and ASA meetings this month!

## Seen in Pediatrics, Pediatrics in Review, Hospital Pediatrics, NeoReviews, & AAP Grand Rounds

**Pediatric Cardiac Anesthesia**

Percutaneous Closure of the Patent Ductus Arteriosus in Infants <2 kg: IMPACT Registry Insights

**Pediatric Pain Medicine**

A Multicenter Collaborative to Improve Postoperative Pain Management in the NICU

Long-term Pain Symptomatology in PICU Survivors Aged 8–18 Years

Pediatric Distraction Tools for Prehospital Care of Pain and Distress: A Systematic Review

**Pediatric Critical Care Medicine**

Follow-up for a Preterm Infant with Subglottic Stenosis

Discharge Best Practices of High-Risk Infants from Regional Children's Hospital NICUs

**Pediatric Sedation**

Intranasal Dexmedetomidine for Procedural Sedation in Children

Outpatient Sedation and Risks (Including Dental)

**Pediatric Surgical Care/Trauma/Emergency Care**

Assessment and Management of Inguinal Hernias in Children

Trends and Disparities in Firearm Deaths among Children

Toxic Tetrahydrocannabinol (THC) Dose in Pediatric Cannabis Edible Ingestions

Deviation From National Dosing Recommendations for Children Having Out-of-Hospital Emergencies

IQ After Pediatric Concussion

2023 Update on Pediatric Medical Overuse

**Diversity, Equity, and Inclusion**

Antiracism: An Ethical Imperative

Discriminating Against Children With Medical Complexity

Perceived Disability-Based Discrimination in Health Care for Children With Medical Complexity

Justice, Equity, Diversity, and Inclusion in the Pediatric Faculty Research Workforce: Call to Action

Combating Scientific Disinformation on Gender-Affirming Care

**Pediatric Hospital Medicine/Telemedicine**

Reducing the Frequency of Pulse Oximetry Alarms at a Children's Hospital

Establishing a Fetal Center in a Freestanding Pediatric Hospital

Inter-hospital Variation in COVID-19 Era Pediatric Hospitalizations by Age Group and Diagnosis

Characteristics of Patients Associated With Restraint Use at a Midwest Children's Hospital

Family-Centered Hospital Admissions

Associations Between Mental and Physical Illness Comorbidity and Hospital Utilization

Caregiver Perspectives on Social Needs Screening and Interventions in an Urban Children's Hospital

A Quality Improvement Project to Improve Hospital-to-Home Transitions Using Discharge Televisits

**Pediatric Hospital Medicine/ Telemedicine (continued)**

Spanish Translation of a Parent-Reported Hospital-to-Home Transition Experience Measure

TAX4U Pilot Trial: Addressing Material Needs in the Pediatric Hospital Setting

Implementing a Post-Discharge Telemedicine Service Pilot to Enhance the Hospital to Home Transition Responding to Parental Requests for

Nondisclosure to Patients of Diagnostic and Prognostic Information in the Setting of Serious Disease

**Pediatric Transplant Medicine**

Pediatric Organ Donation and Transplantation: Across the Care Continuum

Pediatric Intestinal Transplantation Management and Outcomes

**Pediatric Palliative Care**

Hospice and Palliative Medicine: Pediatric Essentials

**Pediatric Research**

Characteristics and Results of Pediatric Medical Device Studies: 2017–2022

## *PEDIATRICS* – 75th Anniversary

This year the AAP flagship journal *Pediatrics*® celebrates its 75th anniversary with an entire year filled with learning opportunities about the journal's rich history with seminal articles, infographics, videos, podcasts, and more.

Thank you to Drs. Charles Coté, Andrew Herlich, and Lynne Maxwell for their contributions to the anniversary celebration on behalf of the Section. As part of the Journal's diamond jubilee celebration, AAP Sections were asked to identify landmark papers published in *Pediatrics* over the past 75 years pertinent to the Section's discipline. Representing pediatric anesthesiology, Dr. Maxwell examines the early evolution of knowledge about the pathophysiology of respiratory distress syndrome of the newborn, including the role of surfactant, with a commentary on the following paper: Reynolds EOR, Jacobson HN, Motoyama EK, Kikkawa, Craig JM, Orzalesi MM, Cook CD. The effect of immaturity and prenatal asphyxia on the lungs and pulmonary function of newborn lambs: the experimental production of respiratory distress. *Pediatrics* 1965; 35(3): 382-92. Dr. Coté addresses patient safety in pediatric sedation with an in-depth look at the evolution of the AAP Sedation Guidelines, as published in *Pediatrics*, with 6 iterations from 1983 to 2019. And Dr. Herlich tackles anesthetic neurotoxicity, an area of concern that has arisen in the most recent quarter-century, with a commentary on the following: FLICK RP, KATUSIC SK, COLLIGAN RC ET AL. COGNITIVE AND BEHAVIOR OUTCOMES AFTER EARLY EXPOSURE TO ANESTHESIA AND SURGERY. PEDIATRICS 2011; 128:e1053-e1061.

Commentary From the Section on Anesthesiology and Pain Medicine | Pediatrics | American Academy of Pediatrics (aap.org)

## Call for Proposals for the 2024 AAP National Conference & Exhibition

### Due Date: November 8, 2023

Your participation is solicited for the 2024 AAP National Conference and Exhibition (NCE). The NCE is generally held in the fall and often occurs within a few days/weeks of the annual ASA meeting; in 2024, the NCE will take place September 27-October 1 in Orlando, FL. Submissions for the 2024 NCE are due at the AAP in mid-November so we are asking for them to be submitted to us for review no later than November 8th.

Members of our Section present various courses and workshops each year to their pediatrician colleagues at the NCE. We encourage your participation. You can find the 2024 NCE Call for proposals here. As you consider a submission, please make sure to review the general session types so that you are aware of the various kinds of sessions that may be offered as well as how many faculty are allowed per session. Here is the Proposal Form that needs to be submitted to us by November 8th. As you complete the form, please think about the majority audience of the NCE, which consists of general pediatricians;

it is important that you can put into words why your proposed topic is important to the practice of a general pediatrician and why they will want to attend. Also, the selection committee encourages those submitting courses to include instructors who reflect the diverse populations of children we serve and fellow pediatricians we represent.

**Please note that you will have a better chance of your proposal being approved by submitting it to the Section and having it turned over to the NCE planning group as a Section-sponsored proposal, as opposed to submitting it directly so please do not submit directly.** As Education Chairperson for the Section on Anesthesiology & Pain Medicine, Dr. Dabe Chatterjee is happy to answer questions, assist you in the application process, and formally submit the application on your behalf to the selection committee. **Please submit your proposal to Dr. Chatterjee (Debnath.Chatterjee@childrenscolorado.org) by November 8th.**

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## SPOTLIGHT ON ADVOCACY

### Don't Miss New Summer 2023 AAP Advocacy Reports

**Be sure to check out the following reports:**

**Summer 2023 AAP Advocacy Report**
Provides an in-depth look at advocacy activities at the federal and state level impacting child health.

**Summer 2023 AAP Academic and Subspecialty Advocacy Report**
Details the Academy's work on behalf of AAP subspecialty members in recent months. This includes important information about work to bolster the pediatric subspecialty workforce through the recently implemented Pediatric Subspecialty Loan Repayment Program, preserve access to care as the Medicaid "unwinding" continues, and protect the practice of evidence-based medicine, along with many other important AAP priorities.

### New Resource! Digital AAP Advocacy Guide

The Academy's new digital Advocacy Guide provides AAP members with the information, tools and resources needed to be effective child health advocates. The guide offers an in-depth look at different advocacy skills, from choosing an issue and crafting an effective advocacy message to communicating with lawmakers or using the media to amplify your efforts. The guide is designed for advocates at all levels – with interactive tools and practical guidance to help shape your own advocacy journey.

Visit the full guide at aap.org/AdvocacyGuide – which will continue to expand in the months ahead!

### Advocacy Opportunities at the AAP National Conference

With this year's AAP National Conference & Exhibition taking place in the nation's capital (October 20-24, 2023), there will be numerous opportunities to learn about pediatric medical professionals' important role in child health advocacy to ensure children's needs are heard in Washington.

If you are interested in learning more about AAP advocacy priorities and developing your skills as an advocate, **check out the following sessions:**

- *I1110/I2515: The Toll of Gun Violence: How AAP Members Can Advocate for Reform at the State and Federal Levels* (Oct. 20, 1:00-2:30pm ET and Oct. 21, 2:00-3:30pm ET)
- *I4201/I4701: A National Emergency: Advocating for Child and Adolescent Mental Health* (Oct. 23, 8:30-10:00am ET and 4:00-5:30pm ET)
- *I2201/I2701: Advocacy 201: Advocating Through Adversity, Building Your Resilience and Catalyzing Change* (Oct. 21, 8:30-10:00am ET and 4:00-5:30pm ET)

For more information, please see the conference schedule.

### With End of Pandemic Era Supports, Child Poverty Rate More Than Doubled

The child poverty rate more than doubled from 2021 to 2022, according to a new report from the U.S. Census Bureau. During this time, several measures put in place during the COVID-19 pandemic to support children and families came to an end, such as the expanded child tax credit.

"These numbers are a wake-up call to our elected officials. We must urgently prioritize children if we are to make any meaningful effort to reverse this alarming increase in child poverty," said AAP President Sandy Chung, MD, FAAP, in response to the data.

"We know what works: policies like the child tax credit and earned income tax credit, investments in children's health through Medicaid and the Children's Health Insurance Program, and support for early child care and education. We need immediate, robust investments in these programs in order to lift children out of poverty," she said.

More from AAP News.

### AAP Speaks Out, Leads Efforts to Protect Children from Gun Violence

In April 2023, AAP President Sandy Chung, MD, FAAP, issued a press statement speaking out against gun violence impacting the lives of children and teens. The statement called on lawmakers to take evidence-based steps to address the toll of gun violence and save lives, referring to the Academy's long-standing policy.

Also this spring, AAP led a **letter with more than 400 national, state, and local medical, public health, and research organizations** urging Congress to support funding for gun violence prevention research. It calls on lawmakers to provide $35 million for the U.S. Centers for Disease Control and Prevention, $25 million for the National Institutes of Health, and $1 million for the National Institute of Justice to conduct public health research into firearm morbidity and mortality prevention. More from AAP News.

### AAP Hosts Firearm Violence Prevention Town Hall, Launches Special Interest Group

In July 2023, the AAP hosted nearly 200 pediatricians for a virtual town hall discussion on firearm violence prevention and the announcement of a new Firearm Injury Prevention Special Interest Group. The group will offer pediatricians a place to collaborate and build community around the work of firearm injury and violence prevention. *The new SIG is open to all AAP members at no cost. To register, visit* https://www.surveymonkey.com/r/firearmsigreg.

During the town hall, attendees heard from AAP leaders about the work the Academy is doing to prevent firearm violence at the federal, state, and local levels, and the important role of pediatricians in advocating to protect children, families and communities.

Read more in AAP News.

## Section Leadership Transitions Abound

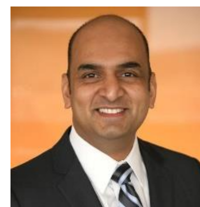
### Thank You to Current Chairperson, Mary Landrigan-Ossar

The Section is indebted to Dr. Mary Landrigan-Ossar for her many years of dedicated service to our AAP Section on Anesthesiology and Pain Medicine Executive Committee. Dr. Landrigan-Ossar served as a Section Executive Committee member from 2017 to 2019, as Section Chairperson-Elect from 2019 to 2021 and as Section Chair for the past two years. She will become Immediate Past Chair on November 1st. We are thankful for her thoughtful leadership!

### Dr. Debnath Chatterjee to Become Section Chairperson

Dr. Debnath (Dabe) Chatterjee, who has served as a Section Executive Committee member since 2019 and as Chairperson Elect from 2021-2023, will transition into the role of Chairperson on November 1st. Dr. Chatterjee will serve two years as Chairperson.

**About Our New Chairperson:**



Debnath Chatterjee, MD, FAAP, is a pediatric anesthesiologist at Children's Hospital Colorado and a Professor of Anesthesiology at the University of Colorado School of Medicine. After completing medical school in India, he moved to the United States to pursue his anesthesiology residency training in Syracuse, NY, followed by a pediatric anesthesiology fellowship at Boston Children's Hospital. He has been practicing as a pediatric anesthesiologist since 2005.

Dr. Chatterjee is passionate about medical education and uses innovative teaching methodologies to inspire the next generation of pediatric anesthesiologists. He is currently the Editor-in-chief of OpenAnesthesia, a free, online educational resource sponsored by the International Anesthesia Research Society. OpenAnesthesia is used by anesthesia trainees worldwide. He is one of the founding editors of the Society for Pediatric Anesthesia (SPA) question of the week project, SPA One-Pagers, and a senior editor for the SPA Case Guides. He is also an education editor for the journal *Pediatric Anesthesia*.

Dr. Chatterjee's areas of clinical interest include anesthesia for fetal interventions and adolescent bariatric surgery. He is the director of fetal anesthesia at the Colorado Fetal Care Center and a founding member of the Society for Maternal-Fetal Anesthesia. He has been invited for Visiting Professorships at several academic institutions in North America. He is also an oral board examiner for the American Board of Anesthesiology.

Dr. Chatterjee has been a member of the executive committee of the American Academy of Pediatrics Section on Anesthesiology and Pain Medicine since 2019 and represents them at the National Button Battery Task Force. He looks forward to strengthening collaborations with pediatricians and pediatric subspecialists within the AAP and partnering with anesthesiologists at the SPA and ASA to improve the perioperative care of all pediatric patients. He remains committed to strongly supporting AAP's advocacy efforts to promoting the health and well-being of all infants, children, and adolescents.

## Dr. Christina Diaz to Become Section Chairperson-Elect

Dr. Christina Diaz, who has served as a Section Executive Committee member since 2018, will transition into the role of Chairperson-Elect on November 1st. Dr. Diaz will assume the role of Chair-Elect as Dr. Debnath (Dabe) Chatterjee steps into the position of Chairperson and as Dr. Mary Landrigan-Ossar becomes Immediate Past Chairperson. Dr. Diaz will serve two years as Chair-Elect, taking over as Section Chairperson in November 2025.

**About Our New Chairperson-Elect:**
I have the privilege of serving as an academic pediatric anesthesiologist at the Medical College of Wisconsin (MCW) and practicing at the Children's Hospital of Wisconsin (CHW), a tertiary pediatric care center. Over the past 14 years, I have pursued the goal of excellent patient care, dedicating time to our trainees' education and professional development, and serving my patients, institution, and specialty. My passion for teaching has led me to multiple leadership roles in our anesthesia residency and pediatric anesthesia fellowship programs, with particular interest in simulation and team-based training, presentation skills, and mentorship. Additionally, as a member of the Acute Pain Service, I train our pediatric anesthesia fellows/residents in perioperative pain control.

Patient care is not just limited to the patient directly in front of you; the role of a physician is to also care for the patient in the larger context of our society. Because of this understanding, physicians should add their voices, education, and knowledge to the larger healthcare framework, including hospital/institutional committees, regional/national organizations, and government policies. By participating in my local quality improvement committee, trauma reviews, and wellness committee, I strive to improve our immediate care. I have advocated for physician-led anesthesia care through my roles in ASA committees, the ASA House of Delegates, and the WSA (Wisconsin Society of Anesthesiologists) Executive Board. I have participated in legislative days through the AAP, ASA, & WSA. I directly testified to the Wisconsin health committee to educate our legislature about the dangers of vaping, the need for appropriate monitoring during dental sedation, and other concerns that directly affect our patients' care. While on the AAP executive board, I have been directly involved in writing and revising policy statements that guide our practice of care. I have presented multiple workshops, 26 problem-based learning discussions, and multiple panels at national meetings to fulfill our mission of continuous learning. In 2019, CHW physicians recognized a new disease process caused by vaping (EVALI). I subsequently collaborated with colleagues from multiple specialties to educate the medical community, update policies, and inform the public, school educators, and legislatures about the dangers of vaping and nicotine.

In summary, I plan to continue to advocate for my pediatric patients and serve my specialty. With your support, I look forward to continuing our vital work within the AAP Section on Anesthesiology and Pain Medicine.

## Thank You to Dr. Stephen Hays!

A big thank you is owed to Dr. Stephen Hays for his six years of dedicated service to the AAP Section on Anesthesiology and Pain Medicine Executive Committee. Dr. Hays has been a very productive member of the Section Executive Committee since 2017. As he bids farewell to our leadership group, we remain grateful for his countless contributions over the years; Stephen, you will be missed!

## Dr. Lena Sun and Dr. Brittany Willer to Join Section Executive Committee This Fall

We are pleased to welcome Dr. Lena Sun and Dr. Brittany Willer to our AAP Section on Anesthesiology and Pain Medicine Executive Committee as of November 1, 2023.

A little bit about our two new leaders…

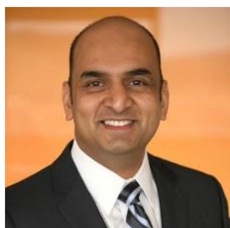
**Lena Sun, MD, FAAP**

Following residency training in Pediatrics and Anesthesiology, and completing a T32 research fellowship in developmental pharmacology, I joined the Department of Anesthesiology at Columbia as faculty in pediatric anesthesiology in 1989. In 1997, I was promoted to Associate Professor of Anesthesiology and Pediatrics at Presbyterian Hospital (hospital tenure) and received an appointment as endowed E.M. Papper Professor of Pediatric Anesthesiology in 2010. From 1995 to 2005, my research was funded by NIDA to examine the cardiotoxic

effects of prenatal cocaine exposure in a rat model. I also conducted clinical and translational research related to congenital cardiac disease in collaboration with colleagues in Cardiology, Cardiac Surgery, Pharmacology and Anesthesiology. Since 2007 I have changed my research focus to anesthetic neurotoxicity and assembled an interdisciplinary team to design and conduct the PANDA (Pediatric Anesthesia NeuroDevelopment Assessment) study, a sibling-matched ambi-directional cohort study on anesthesia and neurodevelopment in children with early childhood anesthesia exposure. At Columbia University Medical Center, I have served in educational and administrative leadership roles, which include program director of the ACGME-accredited pediatric anesthesiology fellowship program, Chief of Pediatric Anesthesiology and Executive Vice Chair of the Department of Anesthesiology. Nationally, I have held leadership roles in education and research. I served for two years after being appointed in 2018 as the Medical Director of SmartTots, a public-private partnership between FDA and the International Anesthesia Research Society (IARS) that is dedicated to promoting research in children undergoing anesthesia and sedation. I have served as a board member of the Pediatric Anesthesiology Program Directors Association and as a senior examiner for the Pediatric Anesthesiology board certification exams. I am currently funded as a PI in an FDA contract studying neurodevelopmental outcomes of babies with prenatal opioid exposure. I also serve as a PI in an UO1 funded by FDA for a public private partnership called ACTTION/PASI. I am the PI overseeing PASI (Pediatric Anesthesia Safety Initiative). I am currently the Treasurer of the Association of University Anesthesiologists. In addition, I was one of the founding board members of Wake Up Safe and have continued to be a part of the leadership team for this patient safety organization in pediatric anesthesia. I have also been an active member of the Pediatric Anesthesia Leadership Council and served as the chair of the Nominating Committee for the CEO in 2021 and President in 2022. Of all of my different responsibilities, the one I have found most rewarding, and challenging is that of being a mentor. Over the years, I have served as a mentor to residents, fellows, and junior faculty. My goal with each one is not just to help to char their career so that they become successful but also that they feel fulfilled. As a Section Executive Committee Member, I hope to leverage my experiences as a researcher, an educator, a mentor, and a clinical leader to ensure this organization will continue to be a vibrant and important organization for the future successes of pediatric anesthesiology and perioperative medicine.

**Brittany Willer, MD, FAAP**

I have been an Assistant Professor of Anesthesiology at The Ohio State University and a pediatric anesthesiologist at Nationwide Children's Hospital since 2018. I was previously an Assistant Professor at the University of Iowa Healthcare & Clinics. I look forward to this position on the Section on Anesthesiology and Pain Medicine Executive Committee because I am a passionate advocate for improving pediatric healthcare, and I believe that my professional experiences will help me to serve effectively in this role. At Nationwide Children's Hospital, I am the Director of Quality Improvement & Safety in the Department of Anesthesiology. In this capacity, I am responsible for creating and leading multi-disciplinary teams to evaluate patient care processes and implement changes that enhance patient safety and quality of care. I collaborate with faculty and nursing staff across multiple pediatric specialties to develop patient care pathways and create solutions for gaps in current processes. I am also the Course Director of the Professional Development Series in our department. I have created a longitudinal series of workshops aimed at exposing young and promising junior faculty to professional topics that promote academic growth. The ultimate goal of these workshops is to inspire young faculty to involve themselves in projects that enhance the pediatric healthcare experience and outcomes, whether through research, education, or leadership. Additionally, I am a physician scientist, focusing my research efforts on elucidating racial disparities in perioperative outcomes and developing interventions to mitigate inequities in pediatric care. Within the anesthesia and surgical community, my research in diversity, equity, and inclusion (DEI) is well-recognized. However, to eliminate inequities in perioperative care, non-surgical pediatric specialties must also be engaged. To this end, I have successful research collaborations (both past and present) with pediatric intensivists, pediatric hospitalists, and pediatric ambulatory physicians. It is within these multi-disciplinary partnerships that holistic improvements in pediatric care are inspired. Through my work in quality improvement, faculty development, and DEI research, I hope to positively influence pediatric medicine. I believe that serving on the AAP SOA Executive Committee will allow me to collaborate with other pediatric physicians to ensure high quality, equitable care for children across clinical environments.



## Calling for newsletter articles!

**For our next SOA newsletter, the Spring 2024 edition**

Please send proposals to Debnath Chatterjee, Newsletter Editor
at Debnath.Chatterjee@childrenscolorado.org
By February 15, 2024

## Health Disparities in Care of Pediatric Patients with Non-English Language Preference

Michael Johanis, BS, Odinakachukwu Ehie, MD, Carolina Blotte, MD

Michael Johanis, BS

Odinakachukwu Ehie, MD

Carolina Blotte, MD

Effective communication is vital for equitable healthcare. Non-English language preference (NELP), defined as individuals over 5 years old who self-report speaking English less than "very well," is strongly linked to poor healthcare access and outcomes. Unfortunately, NELP is both prevalent and harmful, undermining the care of more than 25 million people in America.[1] Within the pediatric population, there are numerous negative associations with those that have NELP: longer hospitalizations, increased risk of rehospitalization and revisits to the emergency department, greater risk of serious adverse medical events, higher frequency of medical errors, increased government expenditure, increased medical costs, and lower rates of health insurance.[2] Notably, these associations hold true when controlling for socioeconomic status (SES).[3,4] With respect to the relationship between SES and pediatric NELP patients, one report in 2015 found that the 2.2 million children ages 5 to 17 with NELP had higher rates of poverty and lower levels of education- two well-known factors that exacerbate health disparities.[5] The effect of NELP on pediatric patients is even more pronounced when accounting for intersectionality with other marginalized identities.[3,4] One systematic review found that parental NELP was independently associated with worse healthcare access and worse quality for children with special healthcare needs.[6] Overall, studies have clearly established that pediatric patients with NELP have healthcare outcomes inferior to those of the general population.

As the USA becomes increasingly ethnically diverse, the percentage of pediatric NELP patients is projected to expand, yet diversity, equity, and inclusion (DEI) efforts have lagged. Notably, the Latinx community, nearly 40% of which is categorized with NELP, comprise the fastest growing ethnicity.[7,8] It is estimated that nearly two-thirds of children will be of color by 2060.[9] Despite the need for a diverse workforce to combat the disparities faced by children and adolescents with NELP, one study recently published by the American Academy of Pediatrics showed little to no improvement in the representation of residents and fellows who identify as underrepresented in medicine (UIM). Repeated cross-sectional studies of pediatric residents and fellows from 2007 to 2019 revealed no significant change in residents (16% in 2007 to 16.5% in 2019) and a slight decrease among fellows (14.2% in 2007 to 13.5% in 2019).[10] These stagnant proportions, in combination with the rapidly rising proportion of non-White individuals and NELP individuals in the USA, has ultimately led to the decline in equitable representation of minoritized groups in the pediatric workforce.
To date, several DEI initiatives have created a more equitable healthcare system for pediatric patients with NELP. Title VI of the 1964 Civil Rights Act made it illegal to discriminate on the basis of race, ethnicity, or nationality.[6,11] In 2000, Executive Order 13166 mandated that healthcare systems receiving federal funds implement meaningful access to competent interpreter services to all NELP patients – free of cost to the patient.[11]

Nonetheless, this legislation has been neither enforced strictly nor followed as intended. One cross-sectional study, which included 234 hospitalized NELP participants whose preferred language was Spanish or Chinese, found that only 43% of all participants reported that they had been asked if they wanted or needed an interpreter.[12] Yet another study, which surveyed over 1,000 AAP members in 2007, found that the majority of the 835 respondents with NELP patients used untrained interpreters to communicate with NELP patients and families. In this same study, about 40% of pediatricians who responded reported the use of professional interpreters. Furthermore, pediatricians in smaller practices, in rural areas, and in states with high proportions of NELP patients reported lower use of professional interpreters.[13] This health inequity merits further scrutiny, particularly to assess if there is a need for increased resources to ensure effective communication for all patients in U.S. healthcare settings.

Efforts in DEI should strategically integrate an evidence-based framework to alleviate the health disparities induced by language barriers, thereby enhancing trust between patients and providers. One recent systematic review found that NELP migrant, refugee, and asylum-seeking families reported greater satisfaction when a professional interpreter was used, in contrast with ad hoc interpreters. Sub-analyses revealed that in-person professional interpreters, when compared to professional interpreters via telephone, resulted in shorter total ED time.[14] Given this evidence that ad hoc interpreters or no interpreter is inferior, healthcare professionals and administrators should consider the availability and accessibility of professional interpreters while being receptive to patients' individual preferences.

Research has demonstrated that language incongruities between healthcare providers and patients can adversely affect patient satisfaction, engagement, and understanding. Some plausible mechanisms include inadequate bedside teaching and failure to establish a trusting relationship. Studies have shown that patient-physician concordance – with respect to both language as well as race and ethnicity – has improved medication adherence, patient satisfaction, patient engagement, and patient outcomes.[11] To improve language concordance, institutions must devote resources to in-person or virtual interpreter accessibility. Furthermore, medical schools and residency programs should consider embedding more language courses as an elective in their respective curricula. While it is important to mitigate the gap in disparities with respect to language non-concordance

through interpreter services and more inclusive curricula, other significant allyship actions include promoting equitable representation of healthcare providers with respect to the population they serve. To increase UIM applicants and matriculants, barriers must be addressed for disadvantaged students applying to medical school and residency programs, such as the expensive costs of the application process. Efforts should also be intensified to expand mentorship programs that align with the racial and ethnic identities of UIM applicants. These programs should span multiple educational stages, from middle school to early career faculty. From an advocacy standpoint, federal legislatures could consider providing the necessary funding for language courses, along with other financial incentives to physicians who provide care in multiple languages.

To bolster the effectiveness of policy initiatives, one salient strategy could be the institution of rigorous quality control measures. These measures would serve to assess key indicators such as physician adherence to regulations and overall patient satisfaction. For instance, Executive Order 13166, despite its well-intended objectives, has faced challenges in terms of consistent and accurate implementation. Accordingly, federal agencies might contemplate offering financial incentives, such as grants, to healthcare institutions that adhere to evidence-based legislative mandates. This would not only encourage compliance but also facilitate ongoing refinement of policy effectiveness.

To genuinely uphold the principle of "do no harm," it is imperative that healthcare providers and systems urgently tackle disparities affecting pediatric patients with non-English language proficiency (NELP). Despite the increasing disparities, DEI efforts have largely remained static. While there have been legislative attempts to address these issues, they have been insufficiently enforced and inadequately incentivized. Hence, it is crucial to adopt DEI initiatives that are grounded in evidence-based approaches to effectively enhance health equity and deliver high-quality care to this vulnerable population.

## References


[1]Portillo EN, Stack AM, Monuteaux MC, Curt A, Perron C, Lee LK. Association of limited English proficiency and increased pediatric emergency department revisits. Acad Emerg Med. 2021 Sep;28(9):1001-1011. doi: 10.1111/acem.14359. Epub 2021 Aug 25. PMID: 34431157.

[2]Choe AY, Unaka NI, Schondelmeyer AC, Bignall WJR, Vilvens HL, Thomson JE. Inpatient Communication Barriers and Drivers When Caring for Limited English Proficiency Children. J Hosp Med. 2019 Oct 1;14(10):607-613. doi: 10.12788/jhm.3240. Epub 2019 Jul 24. PMID: 31339836; PMCID: PMC6817305.

[3]Martin KJ, Polk S, Young J, DeCamp LR. Health Care for Children in Immigrant Families: Key Considerations and Addressing Barriers. Pediatr Clin North Am. 2023 Aug;70(4):791-811. doi: 10.1016/j.pcl.2023.03.011. Epub 2023 May 22. PMID: 37422315.

[4]Fischer A, Conigliaro J, Allicock S, Kim EJ. Examination of social determinants of health among patients with limited English proficiency. BMC Res Notes. 2021 Aug 5;14(1):299. doi: 10.1186/s13104-021-05720-7. PMID: 34353369; PMCID: PMC8340469.

[5]https://portal.ct.gov/DPH/Public-Health-Preparedness/Access-and-Functional-Needs/Individuals-with-Limited-English-Proficiency-and-Literacy#:~:text=Also%2C%20in%202015%2C%20more%20than,and%20increase%20in%20languages%20spoken.

[6]Eneriz-Wiemer M, Sanders LM, Barr DA, Mendoza FS. Parental limited English proficiency and health outcomes for children with special health care needs: a systematic review. *Acad Pediatr*. 2014;14(2): 128-136. Doi:10.1016/j.acap.2013.10.003

[7]Morales R, Rodriguez L, Singh A, Stratta E, Mendoza L, Valerio MA, Vela M. National Survey of Medical Spanish Curriculum in U.S. Medical Schools. J Gen Intern Med. 2015 Oct;30(10):1434-9. doi: 10.1007/s11606-015-3309-3. Epub 2015 Apr 11. PMID: 25862190; PMCID: PMC4579233.

[8]Mamtora PH, Kain ZN, Stevenson RS, Golianu B, Zuk J, Gold JI, Fortier MA. An evaluation of preoperative anxiety in Spanish-speaking and Latino children in the United States. Paediatr Anaesth. 2018 Aug;28(8):719-725. doi: 10.1111/pan.13425. Epub 2018 Jul 1. PMID: 29962037; PMCID: PMC6109411.

[9]Montez K. Diversity and inclusion in pediatrics is essential for promoting health equity. Diversity and Inclusion in Pediatrics is Essential for Promoting Health Equity. July 13, 2021. Accessed September 22, 2023. https://www.aap.org/en/news-room/aap-voices/diversity-and-inclusion-in-pediatrics-is-essential-for-promoting-health-equity/.

[10]Montez K, Omoruyi EA, McNeal-Trice K, Mack WJ, Yemane L, Darden AR, Russell CJ. Trends in Race/Ethnicity of Pediatric Residents and Fellows: 2007-2019. Pediatrics. 2021 Jul;148(1):e2020026666. doi: 10.1542/peds.2020-026666. Epub 2021 Jun 15. PMID: 34131043; PMCID: PMC8290973.

[11]Green AR, Nze C. Language-Based Inequity in Health Care: Who Is the "Poor Historian"? AMA J Ethics. 2017 Mar 1;19(3):263-271. doi: 10.1001/journalofethics.2017.19.3.medu1-1703. PMID: 28323607.

[12]Schenker Y, Pérez-Stable EJ, Nickleach D, Karliner LS. Patterns of interpreter use for hospitalized patients with limited English proficiency. J Gen Intern Med. 2011 Jul;26(7):712-7. doi: 10.1007/s11606-010-1619-z. Epub 2011 Feb 19. PMID: 21336672; PMCID: PMC3138590.

[13]Kuo DZ, O'Connor KG, Flores G, Minkovitz CS. Pediatricians' use of language services for families with limited English proficiency. Pediatrics. 2007 Apr;119(4):e920-7. doi: 10.1542/peds.2006-1508. Epub 2007 Mar 19. PMID: 17371933.

[14]Boylen S, Cherian S, Gill FJ, Leslie GD, Wilson S. Impact of professional interpreters on outcomes for hospitalized children from migrant and refugee families with limited English proficiency: a systematic review. JBI Evid Synth. 2020 Jul;18(7):1360-1388. doi: 10.11124/JBISRIR-D-19-00300. PMID: 32813387.

## Academy of Pediatrics, American College of Emergency Physicians, and Emergency Nurses Association Call for Strategies to Improve Care for Children, Adolescents Seeking Urgent Help for Mental, Behavioral Health Concerns

*The nation's emergency departments are the first, and sometimes the only point of care for surging numbers of young patients with mental health emergencies. More support and resources are needed to provide best care, three leading national organizations proclaim in joint policy statement.*

The time is now to improve access to emergency care for the rising numbers of children and adolescents seeking help for mental and behavioral health emergencies. Strategies to address challenging circumstances that affect prehospital services, the surrounding community and, ultimately, patient care are needed.

That is the message conveyed in an updated policy statement by the American Academy of Pediatrics (AAP), American College of Emergency Physicians (ACEP) and Emergency Nurses Association (ENA), which joined to provide recommendations for management of mental and behavioral health care in emergency departments.

The three national organizations call for systemic changes, more resources and a focus on inequities within the statement, "The Management of Children and Youth with Pediatric Mental and Behavioral Health Emergencies." The statement and an accompanying technical report were published in the September 2023 *Pediatrics*. The statement is also published in September's *Annals of Emergency Medicine* and *Journal of Emergency Nursing* (published Aug 16 online). Policy statements created by AAP are written by medical experts, reflect the latest evidence in the field, and go through several rounds of peer review before being approved by the AAP Board of Directors and published in *Pediatrics*.

"Many emergency departments lack sufficient personnel, capacity, and infrastructure to triage and treat patients with mental and behavioral emergencies," said Mohsen Saidinejad, MD, MS, MBA, FAAP, FACEP, a lead author of the policy statement and member of the AAP and ACEP committees on Pediatric Emergency Medicine. "This increases the likelihood of lengthy wait times, crowded facilities and other challenges that compromise patient care. In many cases, an inadequate mental health infrastructure gives families nowhere else to turn but the emergency department. It's a dilemma we're experiencing more often since the COVID pandemic began."

Every year, approximately half a million children with mental health and behavioral health conditions are evaluated in emergency departments for psychiatric emergencies, and those numbers have increased over the past decade. Many communities offer limited mental health resources, and as a result, emergency departments have become a critical access point and safety net for those requiring care.

The AAP, ACEP and ENA also note disparities in access to care based on insurance status, gender identity, language preference, the geographic location of mental health specialists and inpatient psychiatric units, and race and ethnicity. In one study analyzing suicide rates in U.S. youth from 2001-2015 among children 5 to 12 years old, the suicide rate was approximately two times higher for Black children compared with white children.

"Mental and behavioral health emergencies are on the rise and escalating among children and youth," said Christopher S. Kang, MD, FACEP, president of ACEP. "Emergency physicians continue to do all they can for these vulnerable patients, while limited community and specialty resources, staffing challenges and systemic inequities accentuate systemic gaps in care. These factors add to the challenges in already crowded emergency departments with limited bed space available. Compassionate, collaborative solutions are needed to improve local and national approaches to preventing and treating mental and behavioral emergencies."

The organizations recommend strategies to be used in prehospital settings, at the emergency department, and at the community level, as well as the overarching systems of care. The groups detail where research is needed, such as ways to provide evidence-based guidelines and best practices for emergency department screening tools, assessment, consultation, acute management, and follow-up care related to children's mental health crises.

"Children and adolescents deserve the best care when they come to the Emergency Department during a mental or behavioral health crisis, as anyone does. But many times, a lack of resources can complicate matters," said Terry Foster, MSN, RN, CEN, CPEN, CCRN, TCRN, FAEN, president of the Emergency Nurses Association. "This can leave individuals struggling with their mental or behavioral health in the

Emergency Department for extended periods of time, leading to overcrowding, among other things. An increase in treatment education and resources can only continue to improve the care provided for not just youth, but all mental and behavioral health patients."

Other recommendations:

- Engage with the community to develop appropriate emergency department transfer strategies, including appropriate referrals to psychiatric crisis units, within psychiatric facilities or community mental health centers.
- Develop mental health mobile crisis teams to be able respond to schools, physicians' offices, and homes.
- Provide resources for emergency department staff related to recognize and provide initial care to children and youth with potentially increased risks of mental and behavioral health concerns including LGBQT+ youth; victims of maltreatment, abuse, or violence; pre-existing conditions such as autism spectrum disorder or developmental delays; post-traumatic stress; depression; children in the child welfare system; youth in the juvenile justice system; and suicidality.
- Emergency departments should develop a systematic method to assess patients and follow protocols in triage, safety assessment, monitoring, mental health and medical evaluation/
- Embed pediatric-trained mental health professionals into emergency department teams when possible.
- Address inequities by increasing screening, identification, treatment and referrals of emergency department patients for mental and behavioral health symptoms.

The organizations agree that emergency departments would benefit by providing a dedicated multidisciplinary approach to provide patients with trauma-informed services.

"The time has come to address the mental health crisis of our youth," Dr. Saidinejad said. "Mental health emergencies are just that – emergencies. Children and families deserve timely, affordable, and equitable access to care and treatment, just as they would if they present with a broken arm, a seizure or a serious infection."

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## American Academy of Pediatrics Recommends Medication to Prevent RSV Be Given to All Infants and Urges Equitable Access

Nirsevimab, a long-acting monoclonal antibody, could save lives and prevent thousands of infants from being hospitalized with severe illness

The American Academy of Pediatrics recommends that all infants -- and especially those at high risk --receive the new preventive antibody, nirsevimab, to protect against severe disease caused by respiratory syncytial virus (RSV), which is common, highly contagious and sometimes deadly.

Nirsevimab, a long-acting monoclonal antibody, is given by injection. The antibody boosts the immune system, adding an extra layer of defense against severe illness from respiratory syncytial virus. The AAP emphasized the need for equity in access to nirsevimab while acknowledging that, as with any new product, it will not be immediately available in all clinical settings. AAP also recommends continued use of palivizumab, another monoclonal antibody product, during the 2023-2024 RSV season for children at high risk of severe RSV illness since

nirsevimab is unlikely to be broadly available.

"Pediatricians are sadly familiar with the dangers of RSV and its devastating consequences for some families," AAP President Sandy Chung, MD, FAAP, said. "We are eager to offer all infants this protection and urge federal officials to see that it is made available and affordable in all communities."
Nirsevimab, which was approved by the U.S. Food and Drug Administration under the brand name Beyfortus and recommended by the Centers for Disease Control and Prevention, was shown to reduce the risk of medically attended cases of respiratory syncytial virus by 75% in clinical trials.

The AAP recommends a single dose of nirsevimab for:

- All infants younger than 8 months born during or entering their first RSV season.
- Infants and children aged 8 through 19 months who are at increased risk of severe RSV disease and entering their second RSV season.

For eligible infants and young children who cannot access nirsevimab during the 2023-2024 season, AAP recommends continued use of palivizumab, which includes a series of monthly doses. Nirsevimab and palivizumab are both antibody shots that

help prepare the immune system to prevent illness. The RSV activity in the United States usually begins in the late fall and extends through spring.

AAP's clinical recommendations for nirsevimab are published in Red Book Online, the Academy's pediatric infectious diseases manual. Recommendations will be updated as needed.

Dr. Chung has urged federal officials to improve the infrastructure for delivering nirsevimab in a letter to Mandy K. Cohen, MD, MPH, Director of the CDC and Chiquita Brooks-LaSure, administrator of the Centers for Medicare and Medicaid Services (CMS).

The AAP has called for a comprehensive strategy to ensure equitable access to nirsevimab in hospitals, birthing centers and ambulatory practice settings. Currently, there is not the infrastructure in place to ensure all children can access the product, which Dr. Chung called "alarming." Without significant structural changes, families living in lower-income and under-resourced communities, as well as those with infants at greatest risk for severe RSV illness, may face challenges accessing it.

## IN CASE YOU MISSED IT....AAP PODCAST: "PEDIATRICS ON CALL"

"Pediatrics on Call" is the AAP's podcast, exploring the latest news and innovations in children's health, discussing the science behind child health recommendations, and providing a forum to hear first-hand from leading experts in child and adolescent medicine. Each 30-minute, weekly episode features interviews about new research and hot topics in the field of pediatrics.

Some recent episodes of interest include:

**Mental and Behavioral Health Emergencies, Medical Debriefing – Episode 169**
**08/22/2023**
In this episode Lois K. Lee, MD, MPH, FAAP, FACEP, and Mohsen Saidinejad, MD, MBA FAAP, talk about the new policy statement and technical report on mental and behavioral health emergencies. Hosts David Hill, MD, FAAP, and Joanna Parga-Belinkie, MD, FAAP, also speak with Maya Neeley, MD, FAAP, about the best ways to debrief trainees after clinical encounters.

**Pediatrics Research Roundup, Organ Donation and Transplantation – Episode 166**
**08/01/2023**
In this episode Rachel Moon, MD, FAAP, associate editor of digital media for the journal Pediatrics, shares a research roundup from the August issue. Hosts David Hill, MD, FAAP, and Joanna Parga-Belinkie, MD, FAAP, also talk to Benson Hsu, MD, MBA, FAAP, FCCM, about a new policy statement on organ donation and transplantation.

**The Opioid Epidemic: Compassionate Treatment for Patients with Substance Use Disorders – Episode 165**
**07/25/2023**
In this episode Eri Solomon, a harm reduction advocate in recovery for substance use disorder, talks about why pediatricians should use empathy and compassion when treating patients who use substances. Scott Hadland, MD, MPH, MS, FAAP, also joins hosts David Hill, MD, FAAP, and Joanna Parga-Belinkie, MD, FAAP, with tips for counseling teens about fentanyl and the importance of naloxone.

**Pediatrics Research Roundup, Managing Inguinal Hernias – Episode 164**
**07/04/2023**
In this episode Lewis First, MD, MS, FAAP, editor-in-chief of Pediatrics, is back for "First Up." He offers a bird's-eye view of what's in the July issue of the journal. Hosts David Hill, MD, FAAP, and Joanna Parga-Belinkie, MD, FAAP, also speak with Kathleen Kieran, MD, MSc, MME, FAAP, who co-authored a new clinical report, Assessment and Management of Inguinal Hernias in Children.

**Artificial Intelligence in Medicine, Research on Mental Health, Firearm Access and Suicidality – Episode 159**
**05/30/2023**
In this episode Srinivasan Suresh, MD, MBA, FAAP, chair of the AAP Council on Clinical Information Technology, outlines the potential benefits and risks of using artificial intelligence in medicine. Hosts David Hill, MD, FAAP, and Joanna Parga-Belinkie, MD, FAAP, also speak with Keith Hullenaar, PhD, about his research into mental health, firearm access and suicidality.

[Gender-affirming Care, Undertriage in Emergency Departments – Episode 158]

**05/23/2023**

In this episode Kathryn Lowe, MD, FAAP, member of the executive committee of the AAP Section on LGBT Health and Wellness, explains why limiting gender-affirming care affects the health of all children. Hosts David Hill, MD, FAAP, and Joanna Parga-Belinkie, MD, FAAP, also speak with Deena Berkowitz, MD, MPH, about rates of undertriage in the emergency department for children with non-English-speaking caregivers.

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## Rising Tide of Childhood Obesity has Implications for Perioperative Care

October 1, 2023

Olubukola O. Nafiu, M.D., FRCA, M.S., and Elizabeth Drum, M.D., FAAP

Obesity prevalence has reached alarming rates among U.S. children. Even more concerning is the escalating proportion of children with severe obesity (Skinner AC, et al. *Pediatrics*. 2018;141:e20173459).

Beyond the long-term health implications, high body mass index (BMI) is associated with risks for children with obesity who require surgery or anesthesia.

Since pediatricians often are the first contact with the health care system on a child's surgical journey, they can play a pivotal role in identification and management of preoperative risk and perioperative obesity education.

**Preoperative assessment and risk identification**

A thorough preoperative assessment is crucial for ensuring the safety and optimal outcomes for all children requiring surgery or anesthesia, including those with obesity.

Most children presenting for non-bariatric procedures may not have undergone a comprehensive preoperative clinical and laboratory screening that typically precedes bariatric surgery. Therefore, the pediatrician's input in preoperative preparation is crucial.

In addition to conducting a standard medical history and physical examination, it is critical to identify patients with comorbidities, such as obstructive sleep apnea or cardiopulmonary dysfunction. Gathering detailed sleep health history is important, as habitual snoring, daytime somnolence, nocturnal enuresis and morning headaches may be strong indicators for obtaining a preoperative polysomnogram, as appropriate.

Subclinical cardiac dysfunction is seen in children with obesity (Cozzolino D, et al. *PLoS One*. 2015;10:e0123916), which may be unmasked by general anesthesia and surgery. Although there are no specific guidelines for identifying subclinical cardiac dysfunction, further cardiac screening may be warranted in patients with a history of effort dyspnea and poor exercise tolerance.

Furthermore, a comprehensive evaluation including lipids, fasting HbA1c and measures of liver and kidney function prior to surgery may be indicated.

Previous research has emphasized the missed opportunity for providing "teachable moments" in the preoperative setting. While acknowledging the unique nature of the preoperative environment, it is crucial to explore ways to maximize every interaction between children with obesity and the health care system to address nutrition and promote healthy lifestyles.

**Perioperative consequences of childhood obesity**

Perioperative complications of obesity in children include hypoxemia, hypoventilation, and perioperative respiratory adverse events.

The pathophysiology of obesity-related hypoxemia includes reduced functional residual capacity, postinduction upper airway obstruction, basal atelectasis and increased oxygen consumption.

Children with obesity also are more susceptible to difficult mask ventilation and, less frequently, difficult laryngoscopy. Other complications include difficult vascular access, positioning challenges and increased susceptibility to pressure injuries (Mpody C, et al. *Curr Opin Anaesthesiol*. 2021;34:299-305).

Perioperative medication dosing for children with obesity presents unique challenges. Weight-based dosing strategies may result in excessive exposure to anesthetic drugs, while employing dose-capping measures could lead to inadequate dosing (Mulla H, Johnson TN. *Arch Dis Child Educ Pract Ed*. 2010;95:112-117).

Additionally, obesity induces physiological changes, including increased body fat mass, altered hydration of lean mass and variations in bone mineral content compared to children of normal weight. These obesity related changes significantly impact drug metabolism and alter the pharmacokinetics of medications, potentially compromising their efficacy and increasing the risk of severe adverse events.

In children with severe obesity (defined as a BMI equal to or above 120% of the 95th percentile on the Centers for Disease Control and Prevention's BMI-for-age and sex growth charts), comorbidities are more prevalent and often cluster, making perioperative management notoriously difficult.

Pediatricians, anesthesiologists and surgeons increasingly will encounter children with obesity and comorbid conditions. These children present unique perioperative challenges due to obesity-related physiological changes and concurrent chronic illnesses. Implementing comprehensive preoperative assessments; optimizing perioperative care, including obesity education and nutritional care; and promoting long-term management strategies can enhance surgical outcomes and improve the overall well-being of children with obesity.

*Dr. Nafiu is a pediatric anesthesiologist in the Department of Anesthesiology and Pain Medicine at Nationwide Children's Hospital in Columbus, Ohio. Dr. Drum is a member of the AAP Section on Anesthesiology and Pain Medicine Executive Committee.*

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## Lived Experience in Health Care and Health Systems Research Handbook

The Children and Youth with Special Health Care Needs National Research Network (CYSHCNet), a project supported by the Maternal and Child Health Bureau, has published a free handbook aimed at helping researchers, families, and patients work collaboratively on research studies. This "how to" guide highlights the needs of patients and families and helps to ensure projects are co-created by a team where everyone's input is valued and necessary. The handbook can be accessed here, and additional information is available via this press release.

### New SOA Members Since March 2023 – Welcome!

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