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Preparing your child for an anaesthetic

> **The short version.** Bring a comfort item, tell us about loose teeth and recent colds, and expect your child to wake up grumpy, clingy or confused — that is normal and passes. One of you can usually stay until your child is asleep.

Before the day

- **Fasting** follows the children's times in the fasting pamphlet — clear fluids 1 hour, breast milk 3 hours, formula 4 hours for infants under 12 months and 6 hours over 12 months, a light meal 6 hours. Children dehydrate quickly, so keep offering clear fluids up to the limit rather than stopping early.
- **Bring:** a favourite toy or blanket, a dummy if used, a change of clothes, nappies, and a phone charger. Bring the child's own bottle or cup if that is what they will drink from.
- **Talk about it simply** the day before, not a week ahead — "the doctor will help you have a special sleep". Avoid words like "needle", "cut" or "put to sleep" if the child has a pet, which cause real distress.
- Both parents' contact numbers, and the car seat, for the trip home.

Going off to sleep

Most children go to sleep with a mask and anaesthetic gas, sometimes after a medicine to make them relaxed first. One parent is usually able to stay until the child is asleep. Some children are given a premedication (often midazolam) to reduce anxiety; it can make them drowsy, floppy or giggly, and it wipes the memory of going off to sleep. Occasionally a child becomes agitated instead, which passes.

Waking up

This is the part parents are least prepared for. Many children wake up crying, thrashing, arching their back, or looking straight through you. It is called **emergence delirium**, it is common between about two and six years of age, and the child will almost certainly not remember it. It usually settles within 10 to 30 minutes.

- Hold them, speak quietly, keep the room dim and reduce noise.
- A parent's presence is the most effective treatment. Stay close if staff allow.
- They may be disoriented about where they are; keep reminding them gently.
- Older children more often wake up sleepy and quiet, with a sore throat and a dry mouth.

> **Tell us before the day if your child:** has a cold, cough or fever now or in the last four weeks; snores heavily or has been investigated for sleep apnoea; has loose or wobbly teeth (very relevant between about 6 and 12 years); has had a problem with a previous anaesthetic, or a family

member has; has a muscle or metabolic condition, or a family history of reactions to anaesthesia; or has allergies, asthma or eczema.

Afterwards

- Sore throat, drowsiness, nausea and a grumpy day or two are common.
- Offer fluids first, then light food, as appetite returns.
- Give pain relief regularly rather than waiting for tears — paracetamol and ibuprofen at the doses written down for your child's weight.
- **After tonsillectomy:** any bleeding, vomiting of blood, or refusal to drink is a reason to return to the emergency department immediately, day or night. Keep the throat moist; dehydration is the most common reason children are readmitted.

Children remember far less of the detail than parents fear, but they do pick up on parental anxiety. Looking after yourself on the day is part of looking after them.

On your phone: anaesthesia.herman.au/p/14
Prepared by Dr Herman Lim for patients of his anaesthetic practice · version 1.0, 27 November 2026.
Paediatric anaesthesia practice, premedication, emergence delirium and fasting follow ANZCA **PG29(A) Guideline on the provision of anaesthesia care to children (2020)** and its background paper, with sedation risk factors from **PG09(G) (2023)**.
This pamphlet is general information and does not replace individual advice. If my rooms, your surgeon or your hospital have given you different instructions, **those instructions take priority** over anything written here.

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