

# Guardian Refusal for Pediatric Burn Surgery, What Providers Need to Understand

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## Introduction

Obtaining informed consent from parents or guardians of patients less than 18 years old for surgical intervention been formally recognized by the medical community since the early 1970's. The American Academy of Pediatrics (AAP) endorses that children deserve effective medical treatment when such management is not overly burdensome and is likely to **prevent substantial harm, serious disability, or death**.

However, in some cases, despite medical advisement, guardians delay or out-right refuse recommended burn surgery management for a minor in their care. In these cases, extended healing times, re-admission, scarring, contracture and physical disability may ensue.

Our study aims to review if guardian refusal for burn surgery deviates from the AAP endorsement of **prevent substantial harm, serious disability, or death**.

## Methods

Total body surface area (TBSA) burned, age, MD recommendation for surgical procedure, operative procedures conducted, length of hospital stay (LOS) and number of outpatient visits were analyzed through retrospective chart review of all pediatric patients admitted to a large verified burn center between January 2018 and May 2019.

## Results

265 pediatric patients admitted to the Burn Center over 18 months

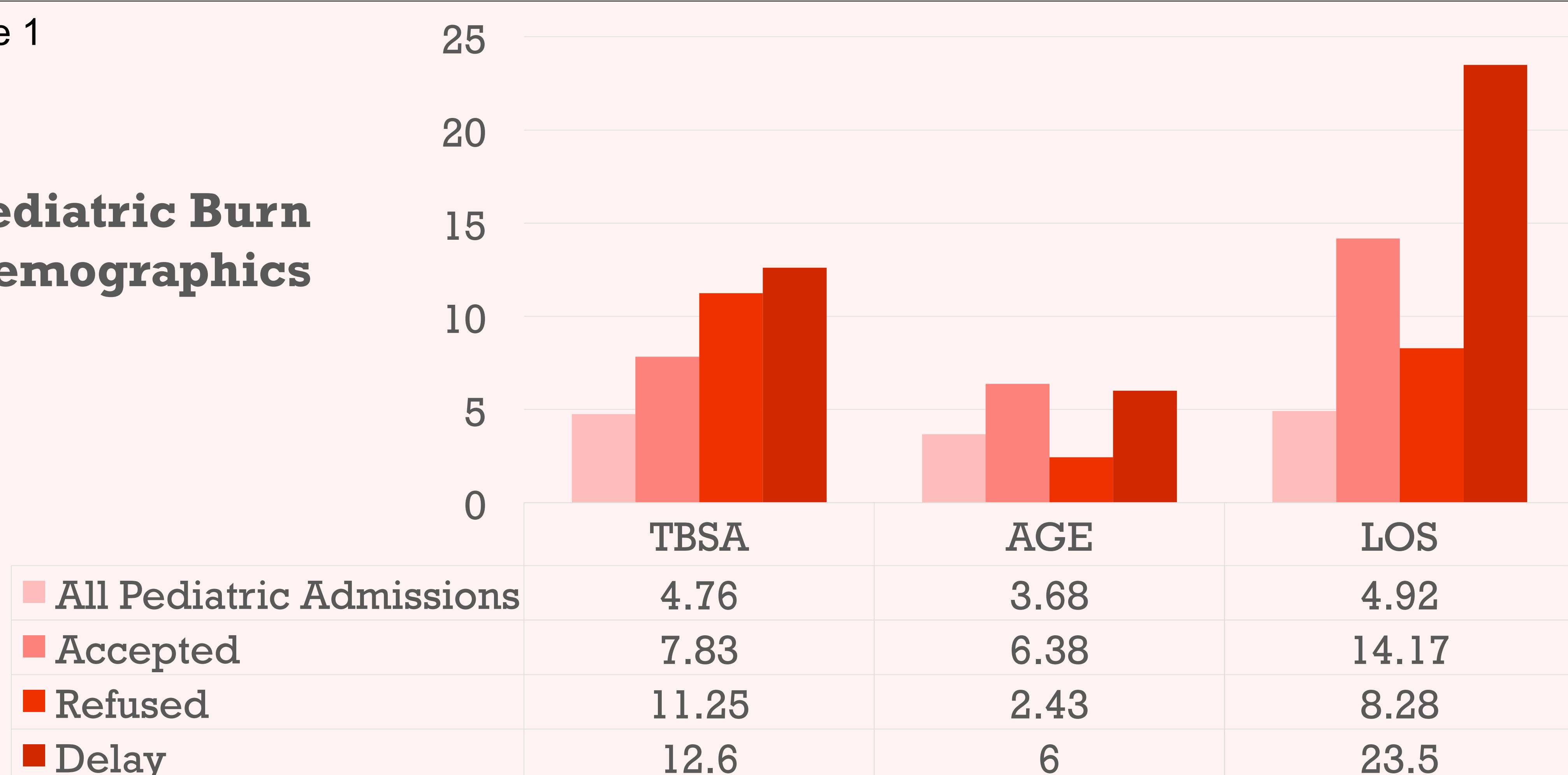
- 32 (12%) were recommended surgical intervention (average TBSA 8%)

Of these:

- 25 (78%) of guardians consented for surgical skin grafting procedures following MD recommendation (average TBSA 8% and LOS 16 days)
- 3 (9%) of guardians delayed surgical consent by an average of 5 days
- 4 (13%) of guardians refused surgical consent entirely (Figure 1)

Figure 1

### Pediatric Burn Demographics



## Results (con't)

The TBSA:LOS ratio of all pediatric admissions was .97, almost one percent per in-patient day.

- Consenting group averaged a TBSA:LOS Ratio of .55
- Delayed group averaged a TBSA:LOS ratio of .54
- Refusal group had the highest TBSA to shortest LOS with a ratio of 1.36

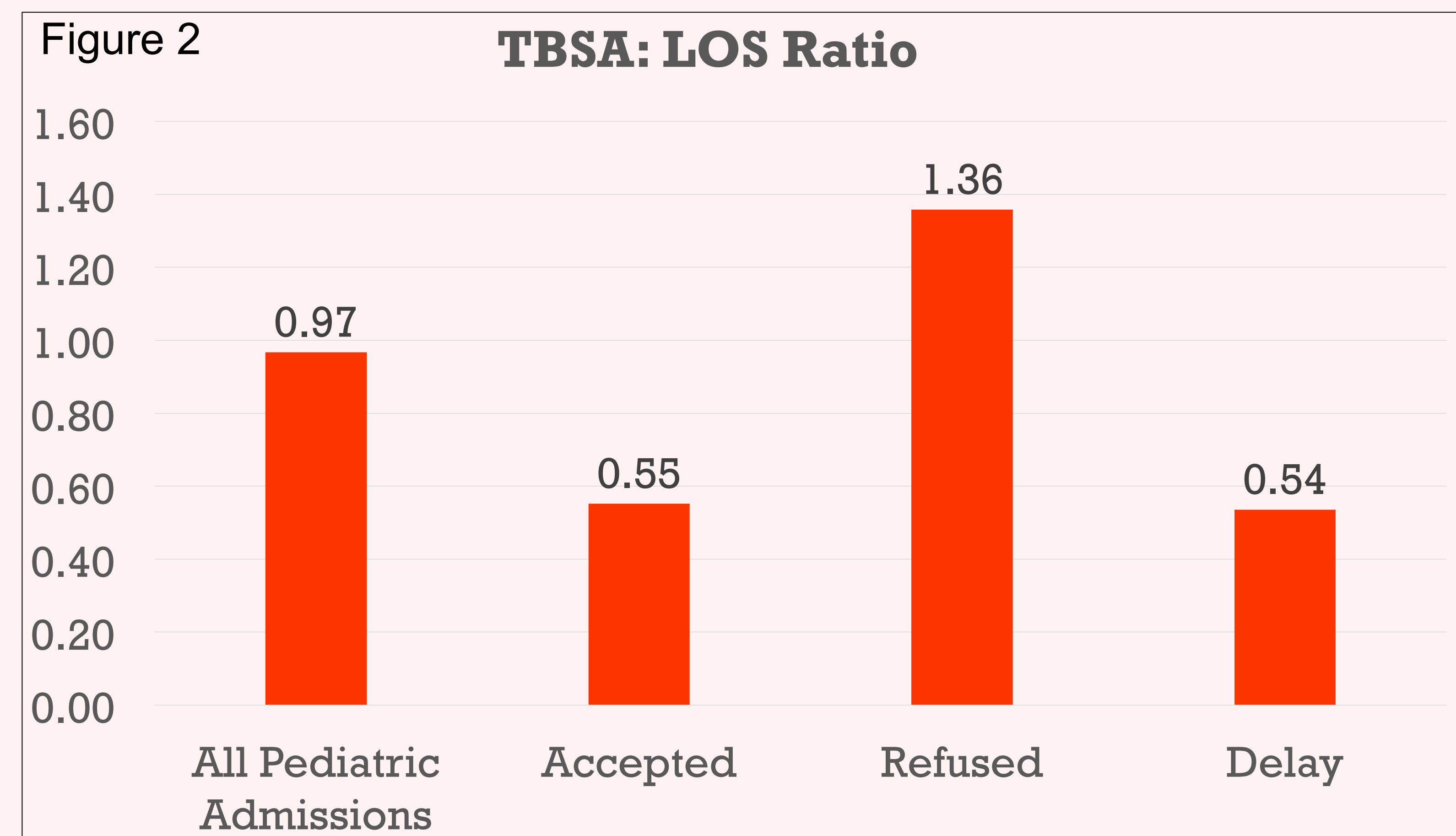
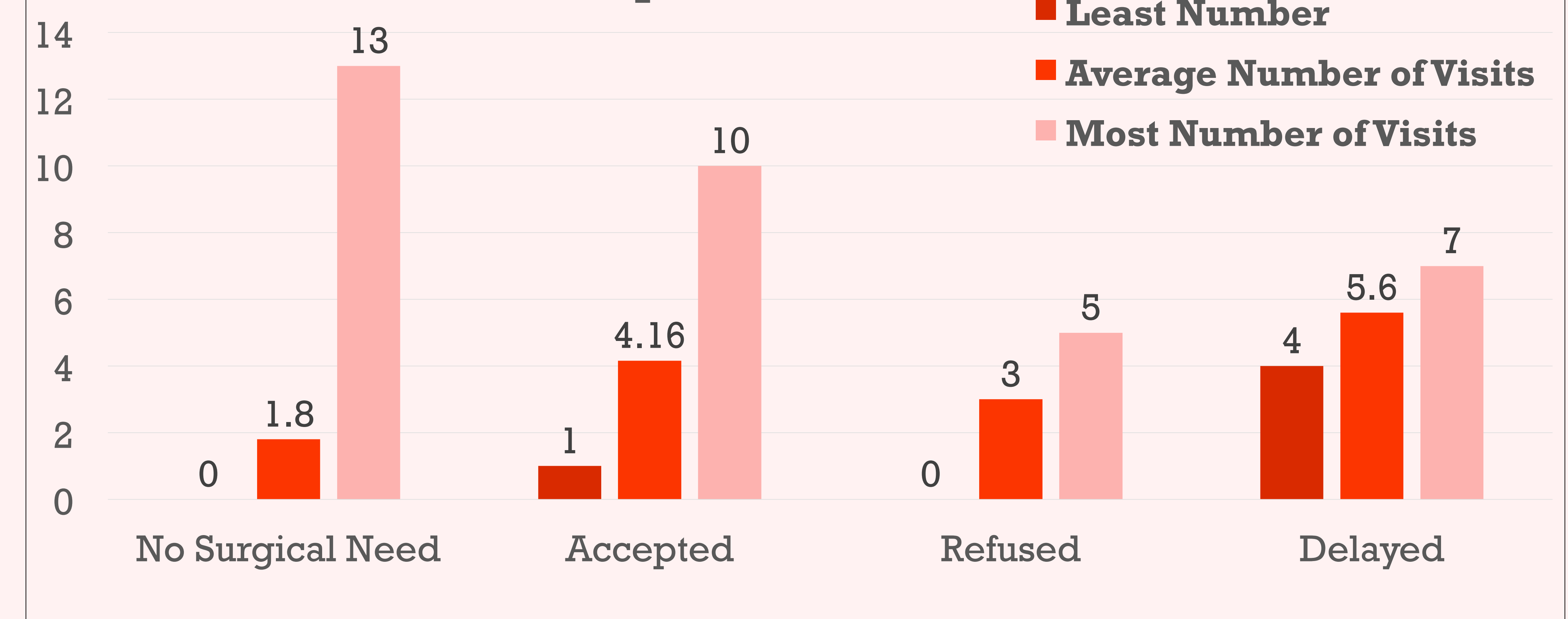


Figure 3

### Follow Up/ Clinic Visits



## Conclusion

This data indicates that patients with guardian refusal for recommended burn surgery had the youngest average age, highest TBSA: LOS ratio while also having the lowest average follow-up visits when compared to their surgical recipient counterparts.

Multi-day dressings were used on 75% (3) of the patients whose guardians refused surgery.

Pediatric patients are consistently a vulnerable population, given the age, size of burn injury, deviation from medical recommendation and poor follow-up; providers should be vigilant to ensure these patients

## References, Funding and Disclosure

Aviva L. Katz, Sally A. Webb and COMMITTEE ON BIOETHICS  
Pediatrics August 2016, 138 (2) e20161485; DOI: <https://doi.org/10.1542/peds.2016-1485>

Disclosure: None Funding: None