HEALTH BASICS

Adolescent test or procedure preparation

Preparation helps adolescents understand and safely complete medical tests or procedures.

WHAT IT IS
Planning that helps a teenager face healthcare safely

WHERE IT COMES UP
Blood tests, scans, sedation, surgery, and clinic procedures

WHY IT MATTERS
Reduces avoidable delays, distress, and safety problems

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
Procedure team, adolescent clinic, or anaesthesia service

HOW IT IS CHECKED
Review of instructions, medicines, allergies, and consent

Overview

Adolescent test or procedure preparation means getting a young person ready for healthcare. It can include clear information, practical instructions, emotional support, consent, pain management, and plans for recovery.

Preparation may be needed for a blood test, scan, dental procedure, biopsy, endoscopy, treatment under sedation, or surgery. Each has different requirements. Some need fasting, medicines, special clothing, or transport home. Others need no special preparation.

Adolescents should receive information in language they understand. They may want a parent, caregiver, friend, or other support person present. They may also need time to speak privately with the healthcare team.

This preparation is not a disease or diagnosis. It is a process intended to make care safer, more understandable, and less distressing.

How it works

The healthcare service usually provides instructions before the appointment. These should explain what will happen, how long it may take, and what the adolescent may feel. Honest descriptions are more helpful than promises that something will not hurt.

Instructions may cover:

Fasting means going without certain food or drink for a set time. The rules differ between procedures and types of anaesthesia. Follow the instructions from the service performing the procedure. Do not extend fasting unnecessarily, and do not guess if the instructions are unclear.

Sedation uses medicine to make someone calmer or sleepy. General anaesthesia makes them unconscious for a controlled period. The team may ask about medicines, allergies, breathing problems, previous anaesthetic reactions, recent illness, and loose teeth.

Consent means agreeing to care after receiving suitable information about its purpose, expected benefits, important risks, and alternatives. Depending on age, understanding, local law, and the situation, formal consent may come from the adolescent, a parent or guardian, or both.

Even when an adult gives legal consent, the adolescent should usually be involved. Their agreement is sometimes called assent. They should have a chance to ask questions and express concerns.

Some questions may be asked privately. These can include questions about pregnancy, substance use, mental health, or sexual health because the answers may affect safe care. Confidentiality rules differ by age, location, and the risk of serious harm. The team should explain what can remain private and when information must be shared.

- When to stop eating or drinking, if required
- Which regular medicines to take, delay, or bring
- Whether creams, jewellery, or metal objects must be removed
- Whether a urine sample, full bladder, or bowel preparation is needed
- Whether sedation or anaesthesia will be used
- Whether an adult must provide transport and supervision afterward

Why it matters for your health

Correct preparation can affect whether a test gives useful results. Eating may change some blood measurements. Movement can blur certain scans. Medicines, metal objects, or an

incompletely prepared bowel can also affect a test or procedure.

Preparation also helps the team reduce avoidable risks. They need accurate information about allergies, current medicines, pregnancy possibility, medical devices, and previous problems with sedation, anaesthesia, contrast dye, needles, or blood tests.

Planning for pain and distress matters. Options may include explanation, distraction, comfortable positioning, breathing techniques, numbing cream, or local anaesthetic. Local anaesthetic numbs a small area. The best option depends on the procedure and must be arranged with the healthcare team.

A coping plan can give the adolescent more control. For example, they may choose whether to watch a needle, listen to music, lie down, or have a support person nearby. A history of fainting during needles is important because lying down may reduce injury if fainting happens again.

Preparation also protects recovery. After sedation or anaesthesia, judgement and coordination can remain affected for a time. Written discharge instructions should explain supervision, food and drink, activity, medicines, wound care, and when normal routines can restart.

What can go wrong

Instructions can be misunderstood, incomplete, or sent to the wrong person. This may lead to a delayed or cancelled procedure, an inaccurate result, or unnecessary fasting. Contact the service in advance if instructions conflict or are missing.

Fear may become severe enough that the adolescent cannot continue. Needle-related fainting, also called a vasovagal reaction, can cause light-headedness, sweating, nausea, or brief loss of consciousness. Tell the team about previous fainting or intense fear before the procedure so they can plan positioning and support.

Some procedures have specific risks. Examples include bleeding or infection after an invasive procedure, reactions to medicines or contrast material, and breathing problems during sedation. The team should explain the important risks for the planned care rather than presenting every possible complication.

For routine questions, contact the procedure service during normal hours. Examples include uncertainty about fasting, regular medicines, arrival time, school attendance, exercise, or when results will be available.

Seek urgent clinical advice after a procedure if the discharge instructions identify a concern, or if there is worsening pain, repeated vomiting, increasing redness or swelling, fever, persistent bleeding, or unusual sleepiness. The correct response depends on the procedure and the

instructions provided.

Call emergency services for severe trouble breathing, blue or grey lips, collapse, inability to wake normally, uncontrolled heavy bleeding, or signs of a severe allergic reaction such as breathing difficulty with swelling of the face, lips, tongue, or throat.

What you can do

Read the instructions early rather than on the morning of the appointment. If instructions were given verbally, ask for a written or accessible copy.

Useful questions include:

Keep an up-to-date record of medicines, supplements, allergies, medical conditions, implanted devices, and previous reactions. Include prescription and non-prescription products. Do not stop regular medicine unless the relevant healthcare team gives specific instructions.

Tell the service beforehand about communication needs, disability, sensory sensitivities, needle fear, trauma history, or a need for an interpreter. This allows time to arrange suitable support.

If pregnancy is possible, tell the team before imaging, sedation, anaesthesia, or medicine is given. This does not always mean the procedure must be cancelled. It allows the team to assess the safest approach.

For some tests, there is nothing special to do beyond arriving on time with the requested information. The service should say this clearly. Do not create extra fasting or medicine restrictions without instructions.

- What is the exact name and purpose of the test or procedure?
- Is any eating, drinking, medicine, or bowel preparation required?
- What might the adolescent see, hear, or feel?
- What pain relief or anxiety support is available?
- Can a support person remain present?
- Will sedation, anaesthesia, contrast material, or radiation be used?
- What care, transport, or supervision is needed afterward?
- How and when will results be communicated?

Common questions

Should a teenager be told every detail?

They should receive enough accurate information to understand what will happen and make choices where possible. The amount and timing of detail should suit their age, preferences, and level of understanding.

Can a parent stay during the procedure?

Sometimes. It depends on the procedure, available space, infection-control rules, and whether anaesthesia or imaging equipment is involved. Ask before the appointment.

What if the adolescent refuses?

Tell the healthcare team rather than using threats or physical force. The response depends on urgency, legal consent requirements, the adolescent's ability to understand the decision, and whether waiting would cause significant harm.

Can anxiety medicine be requested?

It can be discussed, but it is not suitable or necessary for every procedure. Non-medicine approaches and pain control may be enough. Sedating medicine requires appropriate assessment, monitoring, and recovery arrangements.

What if fasting instructions were not followed?

Tell the team exactly what was eaten or drunk and when. Do not hide it. The team will decide whether care can continue safely, needs changing, or must be postponed.

Can the adolescent ask to speak privately with the clinician?

Yes. Private conversation is a normal part of adolescent healthcare. The clinician should also explain the limits of confidentiality.

Sources

- American Academy of Pediatrics, Informed Consent in Decision-Making in Pediatric Practice , Pediatrics, 2016
- National Institute for Health and Care Excellence, Babies, children and young people's experience of healthcare , NICE guideline NG204, 2021
- Canadian Paediatric Society, Managing pain and distress in children undergoing brief diagnostic and therapeutic procedures , 2019

- American Society of Anesthesiologists, 2023 Practice Guidelines for Preoperative Fasting , Anesthesiology, 2023
- American College of Radiology, ACR Manual on Contrast Media , 2024
- Royal College of Anaesthetists, Your child's general anaesthetic , patient information