



TREATMENT ORDERS (SEDATION)

Sunshine Hospital, Victoria,
Australia

AFFIX PATIENT LABEL

DATE ___/___/___ TIME _____

PROCEDURE _____ SEDATION DRUG USED _____ im/in/PO/IV

PRE PROCEDURE N₂O (%) for minutes

- Sedation drug - recorded on **Medication Chart**
- Allergies - recorded on **Medication Chart**
- Weight kg - recorded on **Medication Chart**
- Risk assessment checked (1.)* List if any _____
- Exclusion criteria checked (2.)* List if any _____
- Minimum fasting time (3.)*: **Actual fasting time:** solids _____ hr liquids _____ hr
- Equipment checked (4.)*
- Adequate staff available (5.)*
- Risks discussed, consent signed (No Yes

*** Refer to appendix on back of form**

DURING PROCEDURE

- Baseline vital signs recorded on observation chart PRIOR to commencing sedation
- Continuous oximetry, plus ECG monitoring and BP every 5 minutes for ketamine and IV midazolam. Vital signs documented every 5 minutes.
- All IV sedation drugs administration by a credentialed physician
- Depth of sedation score (6.)* _____

POST PROCEDURE

- Staff present continuously, vital signs recorded every 15 minutes once roused, quiet area for ketamine
- Nil orally until fully alert
- Fulfills discharge criteria (7.)*
- Post-sedation handout discussed and provided
- GP discharge letter (given to parents / to be posted)
- Side effect or adverse event of sedation: (No Yes

Any other comments _____

Doctor _____
 Doctor: _____
 Nurse: _____
 Nurse: _____

Consultant Notified

Sedation ordered by:
 Name _____ Signature _____

CHECK LIST FOR SEDATION (box number corresponds to number on other side of page)

1. Risk Assessment

Snoring, stridor, sleep apnoea,
Craniofacial abnormalities, history of airway difficulty
Vomiting, bowel obstruction, GE reflux
Asthma exacerbation, pneumonia
Cardiac disease, hypovolaemia, sepsis
Altered mental status, neurologic/neuromuscular disorder
History of sedation failure
Age < 1 year
Moderate or severe systemic disease which limits activity

Any positive findings on risk assessment need to be discussed with the consultant. Sedation in the emergency department might be contraindicated.

2. Exclusion Criteria

<u>Ketamine</u> < 1 y.o or >12 y.o. (relative) Acute resp. tract infection (URTI) Asthma exacerbation Prior airway surgery Prior adverse reaction Glaucoma Head injury, CNS lesion, epilepsy Altered conscious state ADHD, psychosis	<u>Nitrous oxide</u> <3 y.o.(relative) URTI Head injury or LOC Chest injury or pneumothorax Bowel obstruction Middle ear disease	<u>Midazolam</u> <1 y.o.(relative) URTI Asthma exacerbation Prior adverse reaction
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3. Fasting Times

Ketamine) 4 hours solids, 2 hours liquids
Midazolam IV/IM)

Minimum fasting times for Nitrous Oxide or Midazolam PO (when used as single agents) are controversial but some ED consultants at SH and RCH will fast for a minimum of 2 hours for solids and liquids.

4. Equipment Check

Functioning suction device
Bag-mask-valve set up for appropriate size and able to deliver O2
O2 available by mask
Pulse oximetry operative, plus ECG monitoring operative for ketamine and IV midazolam
Blood pressure monitoring operative for ketamine and IV midazolam
Resuscitation trolley with paediatric airway equipment in ED

5. Adequate staff available

For nitrous oxide and midazolam PO, nasal, rectal - 2 staff available (1 credentialed)
For ketamine/midazolam IV/IM: 3 staff available plus consultant aware -
2 credentialed for ketamine and midazolam IV/IM

6. Quality of Sedation Score (Wisconsin score)

Inadequate	6	Anxious, agitated or in pain
Minimal-conscious	5	Spontaneously awake without stimulus
Conscious-moderate	4	Drowsy, eyes open or closed but easily arouses to consciousness with verbal stimuli
Moderate -deep	3	Arouses to consciousness with moderate tactile or loud verbal stimuli
Deep	2	Arouses slowly to consciousness, with painful stimulus
	1	Arouses, but not to consciousness, with painful stimulus
Anaesthesia	0	Unresponsive to painful stimulus

7. Discharge Criteria

Resumption of pre-sedation level
Resumption of purposeful neuromuscular activity
Ability to ambulate (if appropriate) or able to sit without support
Ability to verbalise appropriate to age
Final set of vital signs are within normal limits for the child's age
Ability to tolerate oral fluids

The above Sedation Orders/Check List is a form to be **filed** in the patient's history with the Consent Form.