



Procedural Sedation in the Emergency Department

The purpose of this handout is fourfold:

1. To explain to you what procedural sedation is
2. To explain to you the risks with procedural sedation
3. To tell you how you can help your child before, during and after sedation
4. To tell you what to look out for after you have been discharged home

1. What is procedural sedation?

Your child may become distressed or have pain when having tests or treatment of illnesses or injuries. We use procedural sedation to reduce your child's pain and anxiety and it may make your child sleepy. The necessary tests and procedures can then be done without causing too much distress to your child, you and our staff. Sedation may be given by breathing it in, drinking it, or by injection.

We will ask you questions about your child's health. We carefully check your child's breathing during the procedure and we perform the sedations in specially equipped rooms.

There are things you can do to help your child during sedation. These are explained in section 3 of this handout. We may try to distract your child with talking, toys, bubbles, videos etc. Numbing creams or ointments can also be used to reduce the pain of procedures.

Before we start sedation we need your permission, so you should read carefully section 2 of this handout. Please do not hesitate to ask any questions.

2. What do you need to know before consenting to sedation?

About all sedations:

- Procedural sedation is commonly used in children and results in minimal distress to the child or parents/carers whilst a necessary procedure is being performed.
- All the medical and nursing staff using procedural sedation in children in this emergency department are fully trained in this procedure and are able to respond immediately and appropriately if there are any unexpected side effects.
- Sedation can fail and another method may need to be used.
- Medications for sedation can cause vomiting or nausea. Very rarely this can lead to breathing stomach content into the lungs (aspiration) which may require some specific treatment.
- Sometimes your child may need help breathing by using oxygen or a mask or a breathing tube to prevent any side effects of lowered oxygen.

- All children will need to be watched by our trained staff after the procedure before going home.
- Some children may have allergies to the medicine used for sedation. This will need to be treated with additional medications such as antihistamines (and rarely adrenaline).
- Make sure you tell your doctor about any allergies or previous problems your child or family members have had with anaesthetics.

About Ketamine:

Ketamine is widely used in emergency departments all over Australia for sedation in children. It results in sedation and amnesia – your child won't remember the events.

There are some special features about sedation with ketamine which you should be aware of.

- It is given by injection
- Your child may seem to be awake after receiving ketamine.
- Your child may move and need someone to hold them still.
- Your child may drool more than usual.
- Occasionally, your child may experience unusual sensations such as agitation, hallucinations or nightmares, as they wake up. These sensations generally respond well to being consoled by you in a quiet area until they are fully awake.

3. What can you do to help your child before, during and after sedation?

Before the procedure

Ask the doctor and nurse to explain the procedure to you and to your child. Do not try to hide the fact that there may be some pain. Answer your child's questions if you can. If not then ask the nurse or doctor. Talk to your child about some coping strategies (for example – get them to imagine being in a nice or favourite place). Try not to be too upset or nervous yourself – children will pick up on your feelings.

During the procedure

Having a parent present during a painful procedure is usually helpful. If you feel unable to stay then, if possible, arrange for another adult your child knows to stay with them. Remind your child of the coping strategies you had decided on earlier (for example “remember that nice place”). This sort of distraction is very helpful. Giving your child some control is helpful and we can usually discuss things like the music they may want, a video to watch or where the oxygen probe can go (within reason). It is not helpful to allow the child to decide when the procedure is going to occur. Explanations should have happened before the procedure and are not usually helpful during the procedure. Please do not criticise, apologise to, or bargain with your child while it is happening.

After the procedure

As your child emerges from sedation, having a parent or carer near them will be reassuring as they may not recall where or why they are in hospital. We may darken the room (especially after ketamine) to prevent unpleasant awakening. When discussing the procedure focus on the good things your child did, like such as the use of the coping strategies.



4. What do you need to look out for after discharge home?

We only discharge children after sedation when most of the effects of the medicine have worn off, and when your child is safe to go home. However the delayed effects of the medicines that we use can sometimes cause confusion, sleepiness, or clumsiness over the following 24 hours. Therefore, you need to be extra careful in caring for your child in the next 24 hours.

Observation

- Do not leave your child unattended at any time in a car seat; if the child falls asleep in the car seat, watch your child continuously to make sure that he or she does not have any difficulty breathing.
- Young children may well go to sleep again after arriving home from the hospital. This is generally because of the stress and excitement associated with having been in a hospital. Naturally it will happen if you arrive home after your child's normal bedtime. Sometimes they may sleep a little more because of the medicines they have received at the hospital. It is important to check on your child's sleeping pattern that night. If it seems unusually heavy or strange then wake them up gently. If you are unable to wake them or something in their appearance or breathing seems very wrong then call an ambulance and return to the hospital immediately.

Diet

- Avoid giving your child a heavy meal for the next few hours. Give clear liquids such as fruit juice, icy poles, jelly, clear soup etc first. Some children will have mild nausea or vomit once or twice following the sedation medications.

Activity

- Activities such as riding bikes, skating, swing sets, climbing, monkey bars, etc are not allowed for the next 24 hours.
- No swimming or using machines that might result in injury for the next 24 hours without adult supervision.
- Supervise all playing or bathing for the next 8 hours.

When to call the doctor

- Call the hospital (phone number below) if your child vomits more than twice, has strange or unusual behaviour, or any other symptom that does not seem normal for your child.

If you have any questions, please do not hesitate to call the emergency department at **Sunshine Hospital (8345 1596)**.

The name of the doctor who performed the sedation is -
Dr _____