

Paediatric Procedural Sedation Checklist

Patient Details

PATIENT LABEL

Weight:

Procedure Details

Date: Time:

Sedation Clinician:
(Supervising clinician):
Procedure Clinician:

Proposed Procedure:
Sedating Agent:

PMH:
Allergies:
Medication administered pre procedure:
Previous anaesthetic:
Any complications:
Last ate and drank:
ASA Classification:

Pre- Procedure Checklist

- Written consent gained
- Weight and drug doses prepared
- SORT Drug calculator printed
- Oxygen and capnography on
- Sats & sound, ECG, and BP set to cycle every 5 mins
- Working iv cannula
- Suction and appropriate yankeur
- Bag Valve Mask or Ayre's T-piece available
- Laryngoscope checked
- Appropriate sized ETTs available
- Difficult airways trolley location confirmed
- Emergency plans considered
- Muscle relaxant dose calculated and drug location confirmed
- Min. staffing – sedationist, proceduralist, nurse
- Most senior clinician and nurse in charge informed

Considerations – see guidance

- Any contraindications?
- Patient issues?
 - Staffing issues?
 - Departmental issues?

Consent Information - Ketamine

- Nystagmus, purposeless movements and a degree of dissociation including shouting out are normal
- Mild agitation 20%
- Moderate/severe agitation including emergence phenomena 1.5% (increases in adolescents)
- Transient rash 10%
- Vomiting 7%
- Transient clonic movements 5%
- Airway problems including laryngospasm 1%
- Allergy as with all medications
- Discuss GA as alternative to sedation depending on circumstance/urgency
- Adapt for alternative agent

Consent should be gained by the person performing the sedation or someone who has adequate knowledge of the risks.

Post Procedure Checklist

Complete prior to discharge or transfer

- Airway patent
- Haemodynamically stable
- Vital signs within normal limits
- Child is conscious, alert and responds appropriately
- Child walking/mobilising (limited only by eg cast)
- Nausea and vomiting managed
- Adequate ongoing analgesia
- Parents/ carer have advice sheet
- Drugs documented and signed for
- Any further imaging required
- Follow up plans considered