

# SEDATION FOR CHANGE OF GASTROSTOMY FEEDING TUBE AT CHW

## LOCAL WORK PROCEDURE<sup>®</sup>

*To be read in conjunction with Procedural Sedation (Paediatric Ward, Clinic, and Imaging Areas) guideline [2011-9017 v5]*

The following guidelines are provided on the basis that only staff members who are familiar with the pharmacology of the sedative agents being used and their adverse effects profile will administer sedative agents to children.

### Conditions

Description	Usual Age Range	Usual Duration of Procedure
Old gastrostomy tube has to be pulled out. This may require some force. ("Mickey buttons" tend to be easier to remove).	2 – 10 years	10 – 15 minutes

- **Site where procedure is undertaken:** Ward procedure room or Outpatient Department.
- **Nearest resuscitation trolley:** within ward
- **This protocol can be used for:** inpatients and outpatients using the same protocol.
- **Consent obligations:** Formal consent for procedure and sedation should be documented.

### Usual sedation protocol(s)

Relative analgesia using inhaled nitrous oxide administered by accredited nursing staff or Pain Service: see [CHW Pain Management Guidelines](#).

- For appropriate children, oxycodone 0.1 mg/kg (Max 10mg) with paracetamol (15 mg/kg, maximum dose 1 g) may be used as a premedication. Give this orally or via the feeding tube 30 minutes before changing feeding tube.

### Monitoring

- Pulse oximetry is mandatory when using nitrous oxide.

### Following sedation and the procedure

- Children receiving only nitrous oxide can be discharged into the care of their parents as soon as the feeding tube is changed. Children who have also received oral oxycodone must remain under supervision within the ward/ department until 'sign out' and discharge criteria are met.