PROCEDURAL SEDATION IN THE EMERGENCY DEPARTMENT - SCH

PRACTICE GUIDELINE ©

DOCUMENT SUMMARY/KEY POINTS

NSW Ministry of Health Guideline

Paediatric Procedural Sedation – Guide for Emergency Departments, Wards, Clinics and Imaging

https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2018_011

- The above linked document is a NSW Ministry of Health Policy Guideline
- This local practice guideline contains additional information relevant to procedural sedation in the SCH Emergency Department
- The following procedures can be administered in the SCH Emergency Department:
    - Light/ Moderate Sedation with and without analgesia.
    - Deep (conscious) Sedation.
    - Sedation agents used within SCH ED.
- Adequate staffing, location of sedation, equipment and observations of patients.
- All procedural sedation in SCH ED should be performed under the supervision of a member of senior medical staff (staff specialist or fellow)
- The Procedural Sedation Checklist should always be used
- This document should be read in conjunction with the SCHN Child Life Therapy – Procedure Support Guideline

Approved by:	SCHN Policy, Procedure and Guideline Committee	
Date Effective:	1st June 2020	**Review Period:** 5 years
Team Leader:	Staff Specialist	**Area/Dept**: Emergency Department SCH

CHANGE SUMMARY

- Document due for mandatory review
- Replaces SCH ED document C.16.S.01 ***Guidelines for Analgesia and Sedation***
- No change in practice

READ ACKNOWLEDGEMENT

- All ED clinical staff: nurses and medical officers need to understand and acknowledge this document.
- Training required to administer sedation.

1 Introduction

One of the most important roles of the Emergency Department team is to relieve pain, associated anxiety and fear during procedures. Administering adequate sedation during procedures is a vital aspect of Emergency medicine.
This document aims to give a brief overview of our current practice here within SCH ED.

2 Selection of appropriate sedation

- Selection of appropriate sedation and care of the child requires a coordinated team approach, all planned procedural sedation should be discussed with the senior clinician and clinical NUM or in-charge nurse.
- The involved staff should have advanced skills in CPR, air way management, etc.
- If there is an inadequate level of skilled staff to perform a procedure, then that procedure should be deferred or an alternative method should be used.
- Sedation in the department overnight should be reconsidered unless determined time critical to the patient outcome.
- Safety for the patient and staff should be paramount, staffing availability on a night shift should also be taken into account. It may be more beneficial for the patient and family to return fasted in the morning for the said procedure to occur.

3 Sedation agents commonly used within SCH ED.

The following agents are commonly used for procedural sedation in the SCH ED:

- Nitrous Oxide
- Intranasal Fentanyl
- Ketamine
- Propofol

Clicking on the agent will take you to the relevant section of the NSW Paediatric Procedural Sedation document for more information including dosing..

For fasting times from the NSW Paediatric Procedural Sedation document see here:

- Fasting Times

Decisions to sedate an unfasted patient for an emergency procedure should be based on careful assessment of the urgency of the procedure and the safety of the child.

Final decisions about fasting should be considered on a case by case basis by the Senior Clinicians on shift.

4 Preparation

All procedural sedation should be explained by the Doctor and/or the Registered Nurse caring for the patient.

Informed consent must be obtained prior to the procedure.

Factsheets about the procedural sedation should be offered and available to all parents/carers (see under Procedures / Tests)

The ketamine fact sheet can be found here.

One parent/ carer should be encouraged to stay with their child where clinically appropriate, as agreed by the clinician.

Where appropriate the Child Life Therapist (Play Therapy) may assist in preparation by demonstration and role play and/or during the procedure, helping to maintain a calm environment. See

5 General Anesthetic

General anaesthesia in theatres by anaesthetic staff should always remain an option, dependent upon the nature of the procedure and response of the child to lighter sedation.

6 Staffing/Location/ Equipment/ Observations

6.1 Light/ Moderate Sedation

Agents	Nitrous Oxide / Nitrous Oxide with additional sedative or analgesia
Staffing	1-2 RN's (registered nurse) and 1 Doctor
Location	Light to Moderate sedation can occur safely within the dressing room
Equipment	• Oxygen (minimum 15 L flow meter). • Bag/valve/mask. • Suction with a rigid sucker. • Oropharyngeal airway (+ 1 size above and below). • Oxygen saturation monitor with appropriate audible alarm settings.
Observation	A patient receiving light/ moderate sedation within the Emergency Department should remain on continuous pulse oximetry throughout the procedure until fully awake. Pulse rate, respiratory rate and oxygen saturation should be recorded 10-15 minutely

6.2 Deep Sedation

Agents	Ketamine/ Propofol
Staffing	2 RN's and 2 Doctors under Senior Medical Staff supervision
Location	Resuscitation room
Equipment	• Paediatric resuscitation trolley, with a full set of intubation equipment. • Oxygen (minimum 15 L flow meter). • Bag/valve/mask. • Suction with a rigid sucker. • Oropharyngeal airway (+ 1 size above and below). • Oxygen saturation monitor with appropriate audible alarm settings. • Blood pressure measuring device. • ECG monitoring. • Expired carbon dioxide monitoring available.
Observation	A patient receiving deep sedation within the Emergency Department should remain continuous pulse oximetry, ECG, and cyclic blood pressure monitoring throughout the procedure until fully awake.

7 Discharge

All patients respond differently to sedation and so it is not possible to set a specific discharge time.

A patient can be discharge after the following criteria are met:

- Return to pre sedation level of consciousness.
- Able to move and talk as per pre-procedure.
- Observation have returned to what they were pre-procedure or appropriate for age.
- Able to tolerate oral fluids.

A responsible adult/ parent/ carer must accompany the child home and maintain supervision of the child and their ongoing needs.

Post procedure discharge care should be communicated and provided effectively with parent/carer. Verbal and some written discharge care information should be available and understood by the parent/carer.

Links in document

- Paediatric Procedural Sedation – Guide for Emergency Departments, Wards, Clinics and Imaging: https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2018_011
- Factsheets: http://www.schn.health.nsw.gov.au/fact-sheets/category/#cat32
- Nitrous Oxide: https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2018_011.pdf#page=20
- Intranasal Fentanyl: https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2018_011.pdf#page=25
- Ketamine: https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2018_011.pdf#page=28
- Propofol: https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2018_011.pdf#page=34

Related information

For staff working in the Emergency Departments at CHW please refer Procedural Sedation in the ED - CHW