

# Mercy Des Moines Pediatric Emergency Sedation Aid

## Pre-procedure:

- Patient examined and medication & allergies verified
- Risks and benefits of “procedural sedation” reviewed with family
- Consent form signed

## Intra-procedure:

- Perform time out
- Administer Medication(s) and titrate to effect (multiple doses may be required, esp. when utilizing Propofol)
- **Ondansetron** 0.15 mg/kg IV or PO (strongly consider when giving ketamine)
- Options:

<b>Medications</b>	<b>IV</b>	<b>Intranasal</b>	<b>IM</b>
Ketamine & Propofol (Ketofol)	<b>Ketamine</b> 0.3 – 0.8 mg/kg followed by <b>Propofol</b> 0.5 - 1 mg/kg		
Ketamine	1 - 2 mg/kg		4 mg/kg
Propofol	0.5 – 2 mg/kg		
Versed	0.05 - 1 mg/kg		
Fentanyl	1 - 2 mcg/kg	2 mcg/kg	

- Remain at the bedside until signs of recovery from sedation and nursing is comfortable

## Post-procedure:

- Document and inform family of any complications
- Document sedation in chart as well as provider/service performing procedure
- Consider admitting term infants <44 weeks post conceptual age for 12 hrs of observation
- Consider admitting preterm infants <52 weeks post conceptual age for 12 hrs of observation

## **Special Circumstances**

Imaging studies outside of the emergency department (absent the ED physician)

Intranasal Dexamatomidine 2.5 mcg/kg (onset of action 30 minutes)

The patient must be accompanied by an experienced RN and remain on continuous cardiac monitor

An airway box, RSI meds, and portable suction must accompany the patient

### **Note on Fasting Times**

ACEP clinical policy: procedural sedation and analgesia in the Emergency Department

“Do not delay procedural sedation in adults or pediatrics in the ED based on fasting time. Pre-procedural fasting for any duration has not demonstrated a reduction in the risk of emesis or aspiration when administering procedural sedation and analgesia.”

\*The ED physician may authorize variations in individual cases based on the specific clinical situation.