



## Ketamine sedation – procedures – children



**Dr Rory O'Brien, Dr Arina Kruis**

**Cork Emergency Medicine**

<http://EMed.ie>

This information sheet is for parents of children undergoing sedation with ketamine for a procedure while in the Emergency Department (ED) at Cork University Hospital.

### About sedation

Sedation is a medicine given to children to make them feel sleepy and relaxed. When ketamine is used for sedation, it is given by injection through a drip or into the leg.

### Reasons for having sedation

Your child may become distressed and afraid when having certain tests or treatments. Fear can make his/her pain worse. Procedural sedation (sedation for procedures) aims to reduce your child's anxiety and fear. The sedation may make your child feel sleepy and relaxed, meaning the procedure can be performed more easily and with less distress for you and your child. Your child may not remember the procedure. This is normal.

#### *Permission to give sedation*

As the parent or legal guardian we cannot sedate your child without your consent. You need to understand the reasons for sedation and the following risks:

### What you need to know before consenting for sedation

1. A staff member will remain with your child until they are awake and if required, we will give your child oxygen through a mask or breathing tube;
2. Children may vomit. Very rarely, they may breathe the vomit into their lungs, which may require some specific treatment;
3. They may need to be treated with extra medicines such as anti-allergy medicine;
4. For your child's safety, do not take your child home until staff tell you it is safe to do so. Expect to wait for an hour or more after the procedure;

### About Ketamine

Ketamine is commonly used internationally in EDs for sedation in children. When we give your child ketamine, they get sleepy and do not remember what happened. There are some special features about sedation with ketamine for you to know:

- It is given by injection into a vein, through a drip (cannula) or directly into the muscles of the thigh;
- Your child may seem to be awake after receiving ketamine – this is because ketamine causes a 'trance-like' state;
- Your child may move and need someone to hold them still;
- Your child may drool more than usual;
- Sometimes, as your child wakes up they may have some agitation, hallucinations or nightmares. These sensations usually improve if you comfort your child in a quiet dark area until they are fully awake.
- One in ten children develop a rash
- One in ten children vomit

---

If you are concerned, please contact the Emergency Department you first attended:	<b>Mercy University Hospital</b> (021) 230 5011	<b>M-UCC at SMHC (St. Mary's Health Campus)</b> (021) 4926900	<b>CUH</b> (021) 4920200	<b>Local Injury Unit Mallow General Hospital</b> (022) 58506	<b>Bantry General Hospital</b> (027) 52900
---	--	--	-----------------------------	---	---

---



- One in ten children will drool or have eye watering
- One in twenty children have some twitching movements
- Rarely (0.3%) there can be laryngospasm (vocal cords close).
- In less than 0.02% of cases your child may need to be given a general anaesthetic with a breathing tube placed in their windpipe.

## Helping your child

### Helping your child before the procedure

- Check with the nurse or doctor before giving your child anything to eat or drink;
- Ask the doctor/nurse to explain the procedure to you and to your child;
- Talk to your child about some ways to cope (for example – looking at an interactive book, using their imagination to be in a nice place, blowing bubbles);
- It helps not being too upset or nervous yourself – your child will notice this.

### Helping your child during the procedure

- There will always be an ED staff member present during the procedure to help;
- Having a parent (or another adult) who knows the child stay with them is usually helpful;
- The level in which you will be able to engage/involve your child will depend on how deeply sedated your child becomes. Your child may need reminders of the coping methods you decided upon earlier (for example, “blow away the hurt”). This sort of distraction is very helpful;
- Giving your child a sense of control with some simple choices is helpful. We can allow them to choose things they may like e.g. music or video options, which finger the oxygen probe may be placed on;
- It is not helpful to allow your child to decide the exact moment the procedure is going to occur.

### Helping your child after the procedure

- Remain with your child. They may not remember where they are or why they are in hospital;
- Focus on the good things your child did. For example “you did a great job blowing away the hurt”;

## Care of your child on your way home and for the next 24 hours

Sometimes the delayed effects of the medicines may make your child a bit confused, sleepy or clumsy for the next 24 hours. You need to be extra careful in caring for and supervising your child for the next 24 hours.

- If your child falls asleep in the car seat, watch them to make sure that they do not have any difficulty breathing. DO NOT leave your child alone in a car seat or alone in the car;
- Let your child sleep. Children may go to sleep again after getting home from the hospital. Sometimes children may sleep more because of the sedation medicine;
- Sometimes children may feel sick or vomit if they eat a big meal too soon after sedation. Give your child clear liquids such as diluted fruit juice, ice pops, jelly, clear soup, etc;
- Supervise all playing and bathing for the next 8 hours after getting home. DO NOT let your child swim or use play equipment (bikes, monkey bars, etc) that might cause an accident (for the next 24 hours).

### Key points to remember

- Sedation is commonly used in children for procedures;
- The overwhelming experience we have (and internationally) is that it is very safe and very effective;
- You need to give consent before your child has sedation;
- Make sure you understand the reasons for and the risks of sedation;

If you are concerned, please contact the Emergency Department you first attended:	<b>Mercy University Hospital</b> <b>(021) 230 5011</b>	<b>M-UCC at SMHC (St. Mary's Health Campus)</b> <b>(021) 4926900</b>	<b>CUH</b> <b>(021) 4920200</b>	<b>Local Injury Unit Mallow General Hospital</b> <b>(022) 58506</b>	<b>Bantry General Hospital</b> <b>(027) 52900</b>
---	---	---	------------------------------------	--	--



- Be as open and honest as you can with your child about what is going to happen and it helps not to be too upset yourself.

*When to return to the Emergency Department*

Please return to the ED at CUH if your child:

- Vomits more than twice;
- Has strange or unusual behaviour;
- If you have any concerns.

---

If you are concerned, please contact the Emergency Department you first attended:	<b>Mercy University Hospital</b> (021) 230 5011	<b>M-UCC at SMHC (St. Mary's Health Campus)</b> (021) 4926900	<b>CUH</b> (021) 4920200	<b>Local Injury Unit Mallow General Hospital</b> (022) 58506	<b>Bantry General Hospital</b> (027) 52900
---	--	--	-----------------------------	---	---

