

MRN:

Surname:

Forename: **AFFIX LABEL**

DOB:

Gender:

Address:

CUH EMERGENCY DEPARTMENT PAEDIATRIC PROCEDURAL SEDATION CHECKLIST

Type of procedure

Date: _____ Sedation start time: _____
 End time: _____

BEFORE PROCEDURE

AFTER PROCEDURE

Pre-Procedure assessment

- Required staff available *(2)
- Risk assessment and exclusion criteria checked *(3)
- Patient fasted if required *(4)
- Sedation handout discussed with patient/parent + informed consent obtained
- Baseline observations recorded *(5)
- Medication charted *(6)

- Patient returned to baseline Sedation Score
- Observations within normal limits
- Discharge criteria met *(7)

Post Procedure Documentation:

- Procedure recorded
- Adverse events recorded *(8)

Summary of Sedation:

- Deepest level of sedation:
 - UMSS _____ *(1)
- Sedation used:
 Nitrous oxide Ketamine
- Fasted for: Solids ___ hrs Liquids ___ hrs
- Vomited: Yes / No (Delete as appropriate)
- Additional Anaesthesia:
 Fentanyl _____ microgram ; Morphine _____ mg
 Needle infiltration with lignocaine
 Topical (Ametop) LAT
- Total dose:
 - Ketamine _____ mg
 - Nitrous Oxide (Max) _____ % for _____ minutes
- Adverse events *(8)
 Yes No

Preparation SOAPME

- Suction working with Yankauer sucker attached
- Oxygen available by mask
- Airway equipment
 - o Bag/Valve/Mask
- Appropriate size guedel airway
 - o Pharmacological agents
- Monitoring equipment
- ETCO2 (If required) and extra equip.
- Resuscitation trolley available

TIMEOUT

- Positive Identification
- Allergies / Previous adverse reactions
- Team member introduction and role allocation
- Confirm or mark site if applicable
- Procedure to be performed
- Essential imaging reviewed / available if applicable
- Sedation plan including
 - o Non pharmacological adjuncts
 - o Rescue strategy for hypoxia
 - o Criteria for aborting attempt

PROCEED

Sedationist:

Assistant:

Proceduralist:

Assistant:

Checklist completed by:

1. UMSS SEDATION SCORE	0 = Wake and alert 1 = Minimally sedated : may appear tired/sleepy, responds to verbal conversation and/or sound 2 = Moderately sedated : sleeping, easily aroused with light tactile stimulation or simple verbal command 3 = Deep sedation : deep sleep, rousable only with deep or significant physical stim. = Unrousable						
	Nitrous Oxide			Ketamine			
2. STAFF	Two staff (1 with PALS/APLS) • Sedationist • Proceduralist			Three staff (2 with PALS/APLS) • Sedationist • Proceduralist • Assistant		Consultant present unless sole operator credentialed doctor present	
3. RISK ASSESSMENT	Increased risk of airway obstruction Snoring, Stridor, Sleep apnoea, Obesity, Tonsillar hypertrophy, Craniofacial abnormalities, Down syndrome, Hx of airway difficulty Increased risk of hypoventilation Chronic lung disease, neuromuscular disorders, Brainstem tumor, Altered mental status, Cerebral Palsy			Aspiration risk Vomiting, bowel obstruction, GERD, Hx of aspiration, Developmental disability Increased risk of bronchospasm or laryngospasm Asthma, Recent LRTI, Intra-oral procedure Increased risk of cardiovascular compromise Eg. Cardiac disease, Hypovolaemia, Sepsis			
EXCLUSION CRITERIA	<ul style="list-style-type: none"> <1yr Acute RTI or exacerbation of asthma Airway obstruction of hx of difficult airway mx Recent significant head injury or altered level of consciousness Bowel obstruction (or suspicion thereof) 						
	<ul style="list-style-type: none"> Chest injury, suspicion of pneumothorax or lung cyst Severe Middle ear disease Pulmonary hypertension Hx of B12 or folate deficiency Nutritionally compromised patients Patients with metabolic diseases associated with homocysteine metabolism 			<ul style="list-style-type: none"> Prior adverse reaction to ketamine Significant cardiac disease (angina, heart failure, malignant hypertension) Intracranial hypertension with CSF obstruction Glaucoma or acute globe injury Patients with severe psychological problems such as cognitive or motor delay or severe behavioural problems Porphyria Uncontrolled epilepsy Proposed procedure within the mouth or pharynx 			
4. FASTING: FOR URGENT PROCEDURES ASSESS RISK VS BENEFIT	No fasting required			1 hour for clear fluids 3 hours for solids or milk			
5. OBSERVATIONS	Pulse oximetry Then every 5min until UMSS ≤ 1			Pulse oximetry, Cardiac & BP monitoring Then recorded every 5min until UMSS ≤ 1			
6. MEDICATION	30-70%			1 – 1.5mg/kg/IVl or 3-4mg/kg/IMl Subsequent dose 0.5mg/kg IV			
7. DISCHARGE CRITERIA	<ul style="list-style-type: none"> Resumption of pre-sedation level of consciousness Resumption of purposeful neuromuscular activity Ability to ambulate (if appropriate) or able to sit without support Ability to verbalise appropriate for age Final set of vital signs are within normal limits for the child's age Ability to tolerate oral fluids 						
8. ADVERSE EVENTS							
	Intermediate	Sentinel	Suspected Aetiology	Neuro	Anticonvulsant administration	Neurological deficit	Seizure or seizure-like movements
Airway /Breathing	<input type="checkbox"/> Positive pressure ventilation <input type="checkbox"/> Neuromuscular blockade <input type="checkbox"/> Oral airway	<input type="checkbox"/> Tracheal intubation <input type="checkbox"/> Pulmonary aspiration	<input type="checkbox"/> Apnoea <input type="checkbox"/> Respiratory depression <input type="checkbox"/> Upper airway obstruction <input type="checkbox"/> Laryngospasm	Sedation Quality & Patient experience	<input type="checkbox"/> Sedation insufficient <input type="checkbox"/> Escalation of care or hospitalization <input type="checkbox"/> Provider dissatisfied <input type="checkbox"/> Patient / Family dissatisfied		<input type="checkbox"/> Patient active resistance or need for restraint <input type="checkbox"/> Sedation complication <input type="checkbox"/> Paradoxical response <input type="checkbox"/> Unpleasant recovery rxn/agitation <input type="checkbox"/> Unpleasant recall
Circulation	<input type="checkbox"/> IV fluid bolus	<input type="checkbox"/> Vasoactive drug <input type="checkbox"/> Chest compressions <input type="checkbox"/> Death	<input type="checkbox"/> Hypotension <input type="checkbox"/> Bradycardia <input type="checkbox"/> Cardiac arrest				
				Other			