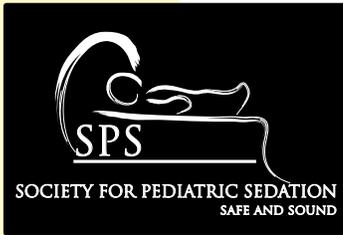


FREQUENTLY ASKED QUESTIONS



For Parents

Parents, thank you for visiting this site. Below, we have outlined some questions that are frequently asked about sedation. These questions and their answers are an attempt to provide general information. We would still encourage you to ask these questions at the hospital where your child will receive care. Also, please follow any and all detailed answers or information that is given to you by your hospital or your physician. This information is not to replace anything that your hospital or doctor tells you.

What is sedation?

Providing sedation means a child is given medicine to make the child more relaxed. When a child is sedated, he/she will better tolerate a medical procedure and will probably not remember the procedure. If the procedure is painful, medicine to relieve the pain may also be given. Depending upon the level of sedation, the child may be conscious and able to talk to us, or may be deeply asleep but still breathing on their own.

Are there different levels of sedation?

There are three different levels of sedation that are defined by the American Academy of Pediatrics. The sedation physician will discuss the level of sedation that will be required based on the child and the procedure being performed. Please realize that these definitions represent a range of sedation and that sedation is a continuum rather than clearly defined levels. The following descriptions may help in understanding sedation levels:

Minimal Sedation

The patient responds normally to verbal commands. Minimal sedation relieves patient anxiety and is the typical level for cystograms and other minor procedures.

Moderate Sedation

Patients respond to stimulation but may be drowsy. Moderate sedation is a typical level for laceration repair or other minor emergency procedures. Sedation medicine is given by mouth or intravenously depending on the test or procedure. Most EEG's can be done with medicine by mouth but painful procedures typically require IV sedation medicine.

Deep Sedation

The patient is asleep and lies still but can be aroused by repeated stimulation. Deep sedation is the typical level for MRI, CT scan, bone marrow tests, spinal taps and other procedures.

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How does sedation differ from general anesthesia?

Sedation is different from general anesthesia. With general anesthesia, the patient will be completely unresponsive even to painful stimulation and may need assistance from a ventilator (breathing machine). A sedated child should react to a painful stimulus and should be breathing on his or her own. Please be aware that children, who progress past the level of deep sedation described above, are under general anesthesia.

Is sedation right for every child and every test?

No, sedation is only right for some children and is only needed for some tests. For example, if your child has significant medical problems, sedation may expose them to significant risk. If this is the case, it may be best for your child to receive general anesthesia with an anesthesiologist (see below). Sedation is particularly good for minimally invasive or non-invasive tests. Procedures that require more than two or three hours, or procedures that involve severe pain are most often done under general anesthesia. For example, an appendectomy requires general anesthesia, but lying still for an MRI can often be done with sedation.

Also, minor tests can often be successfully accomplished without any medication. Distraction techniques and local anesthetics are often all that is needed for blood collection, insertion of an intravenous catheter, or a quick CT scan.

What is a pediatric sedation service?

A sedation service is a dedicated team of physicians, nurse practitioners and/or nurses who provide sedation. These sedation teams have developed across the world to improve access to safe sedation for children. In the past, children were often not sedated for procedures, which left them traumatized, or perhaps resulted in poor testing conditions. With a sedation service, a sedated patient is under the eye of the sedation team so the person performing the procedure focuses entirely on conducting the test or procedure.

What type of medical providers supervise sedation services?

Many different pediatric sub-specialties provide or oversee sedation services. The most common pediatric sub-specialties involved are:

Anesthesiologists

Physicians who are trained to care for patients before, during and after surgery. These physicians are the most skilled in providing anesthesia and caring for the most complex pediatric patients undergoing procedures. Sedation service physicians, who are not necessarily anesthesiologists, will often refer the most complex pediatric patients in whom sedation is especially risky to anesthesiologists.

Critical Care

Physicians who are trained to care for the sickest patients in the hospital. Part of their training and practice is providing sedation and airway management for these very sick patients.

Emergency Medicine

Physicians who are trained to care for the wide variety of patients who present to an emergency department. These patients include the child with common illnesses and injury to the most critical patients. Part of their training and practice is providing sedation for procedures and critical airway management.

Hospitalists

Physicians are trained to care for patients in the hospital. This training includes caring for a wide variety of patients and often includes sedation for minor procedures. With additional training, many hospitalists provide all levels of sedation.

Advance Practice Nurses (Nurse Practitioner/Certified Registered Nurse Anesthetist)

Nurses have an advanced degree in nursing and receive additional sedation training while working in collaboration with the sub-specialty physicians above to provide sedation services. Sedation provision may occur with both a physician and an APN present or may be provided in its entirety by an APN alone.

Some common questions to consider before your child is sedated

Does every patient and test require sedation?

No. Although sedation services are working to minimize the risks, there are risks related to sedation, so your physician will discuss with you whether they feel your child needs sedation for their test or procedure. This will depend on the age of your child, their medical problems and the test your child will be having. Many children will be able to have their test with the help of distraction (playing with a toy).

What can my child eat or drink before sedation?

These guidelines vary slightly from hospital to hospital. Make sure and check with your hospital to make sure you follow their guidelines. It is very important that your child does not eat or drink before their test. These guidelines are set to help make the test as safe as possible for your child.

The general guidelines are as follows, but again please check with your hospital. If these guidelines are not followed your child's test will likely need to be rescheduled!!

- No solid food for six to eight (6-8) hours prior to the procedure
- Infants may have milk or formula six (6) hours before the procedure
- Infants may have breast milk until four (4) hours before the procedure
- All patients may have clear liquids until two (2) hours before the procedure. No gum chewing or hard candy is allowed within two hours of the sedation.

How can I prepare my child and myself for the sedation experience?

Please DO the following before a sedation experience:

- Bring a list of your child's medications, any allergies and health problems with you to your appointment.
- Remove any metal from your child (earrings, necklace, watch, hair-ties, etc.) if having an MRI. The MRI magnet is ALWAYS on, and these objects can be harmful for your child and the medical staff.
- If your child has a favorite blanket or special stuffed animal, bring it to the hospital with you. Again, make sure it has no metal parts.
- Arrive early for the appointment for any pre-sedation procedures.

- If your child takes medication, please check with the hospital to see if you should give them their medication.
- For your child's safety, follow all pre-sedation instructions provided to you. Some of the instructions prevent further illness and others help keep the time of the procedure to a minimum.
- Schedule your day to include a recovery period after the procedure. Depending on the medication with which your child is sedated, this may range from 30 minutes to several hours. There are important criteria your child must meet so they can be safely discharged home. Meeting these criteria may take some time, but it is important for your child's safety.

Please DO NOT do the following before a sedation experience:

- Plan other commitments around the time of testing. Depending on the test for which your child is scheduled, the procedure may take 30 minutes to several hours. So please arrive on time and plan to be at the hospital for a while as the test cannot be rushed.
- Be late. Please arrive on time, arriving late may mean the test or procedure will have to be re-scheduled.
- Break the rules around eating and drinking. For your child's safety, your child must follow these instructions.

Helpful Hints for MRI Testing

- Before coming to the hospital, talk with your child about things he/she might see or hear. For example, you might play a game with your child scheduled for an MRI. Using a coffee table at home, drape a blanket over it with your child lying underneath. Make some type of noises (for example, running a vacuum cleaner, etc.) while he or she lies still to pretend to be in the MRI. Each time you practice, have your child lie still for longer periods of time.
- Allow your child to ask questions. We want all patients to understand the testing process and feel confident and secure.
- Consider that children's fears are different from those of adults. Most children do not experience claustrophobia (the fear of closed spaces); they are more concerned about the noise of the machine and having to lie still.

How do I care for my child after sedation?

Your child will leave the hospital with After Sedation Care Instructions to help you understand the symptoms your child may experience after the procedure. Your child's nurse will go over all of the instructions before you depart. For example, your child will be drowsy when leaving the hospital, so the hospital staff will require that you carry him/her or use a wheelchair to get to your car.

Activities for after sedation often include the following:

- Please follow the directions from your hospital and ask if you have any questions
- Your child will be drowsy after the procedure. How long this lasts will depend on the medication your child receives. The sedation nurse will inform you of what to expect based on your child, the medication they received and the procedure they had done.
- We would advise, if possible, that two adults be with the child to drive home. One adult to drive and one to sit next to the child to make sure they do not become nauseous or fall asleep in an awkward position.
- A child may be unsteady when walking or crawling and will need protection against injury. An ADULT must be nearby at all times until the child is fully awake.
- Older children should rest in an area where an adult can supervise. Escort the child when walking (such as when going to the bathroom).
- A child should not be allowed to perform dangerous activities, such as riding bikes, playing outside, etc., until back to a normal state of awareness.
- We advise you against taking children to daycare following a procedure. He/she may return to normal activities on the day after the procedure, once the child has returned to a usual state of alertness and coordination.
- Follow all discharge instructions given to you by your child's nurse.

Eating and Drinking Instructions after sedation

Infants under 18 months: Begin by feeding juices, formula and breast milk. If no vomiting occurs, continue with the child's usual feeding routine.

Children over 18 months: Begin with clear liquids. If no vomiting occurs after 30 minutes, continue with solid foods.

*If your child does vomit, allow his/her stomach to settle for about 1 hour, then offer clear liquids. Do not force the child to drink. Have your child drink slowly (about 4-8 ounces over 30 minutes).

Reasons to call your doctor

- You are unable to awaken your child.
- Your child continues to vomit even after following the directions listed above.
- Your child does not return to his/her normal state of alertness and coordination within 24 hours.
- For ANY other emergencies, call 911.
- If you are unable to reach the doctor who performed the test, call your child's doctor.
- If you cannot reach either and you still have concerns come to the emergency department.