

# Presedation Evaluation

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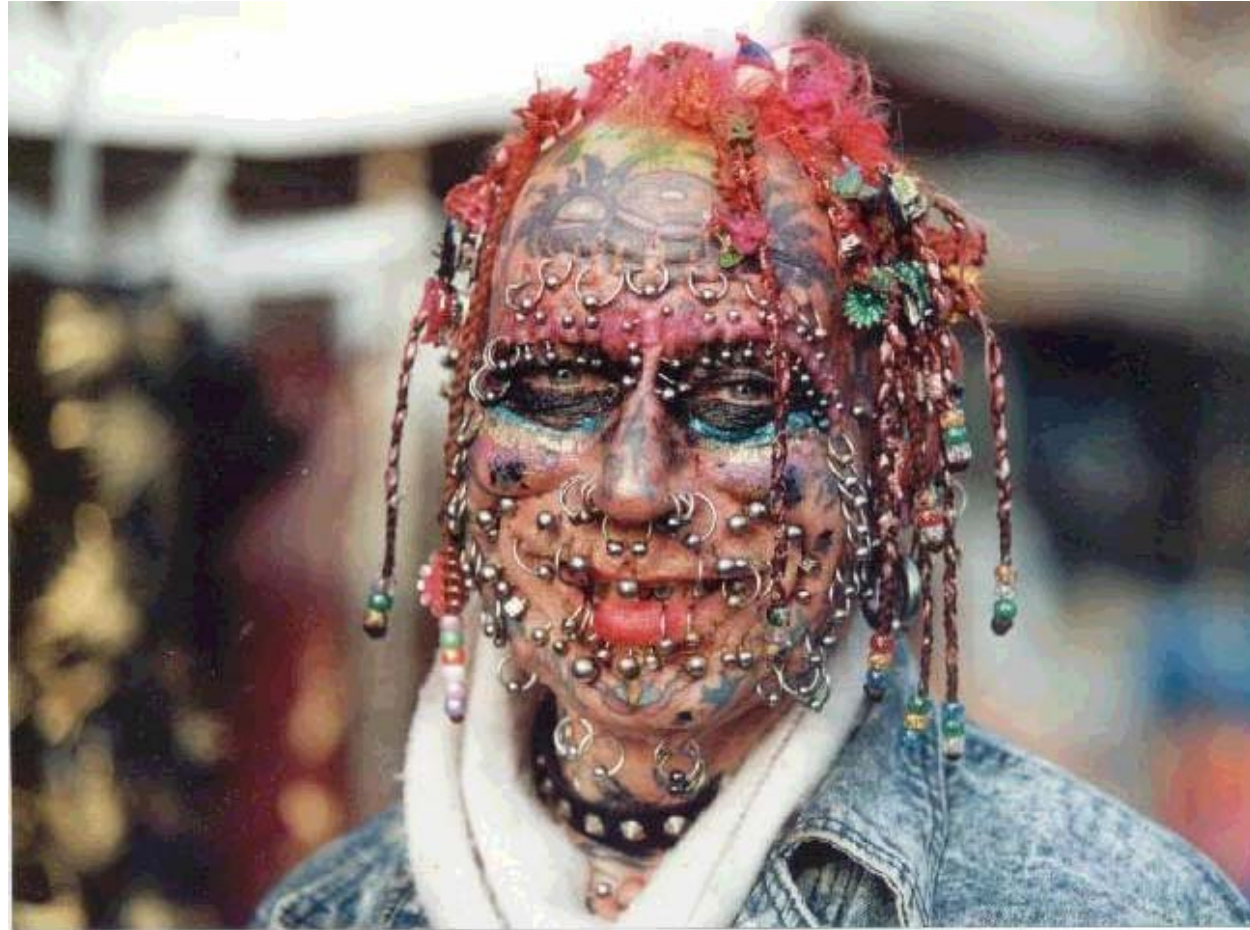
# Objective

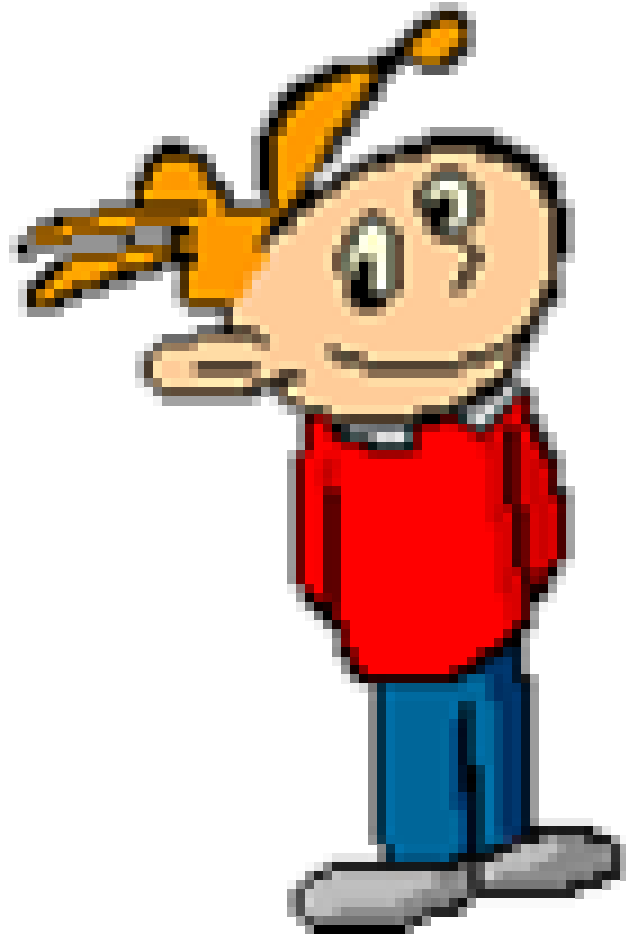
- To recognize and understand the basic assessment of pediatric patients undergoing sedation and analgesia

# Guidelines

- Joint Commission on Accreditation of Hospital Organizations (JACHO)
- American Society of Anesthesiologists (ASA)
- American Academy of Pediatrics (AAP)
- American College of Emergency Physicians (ACEP)

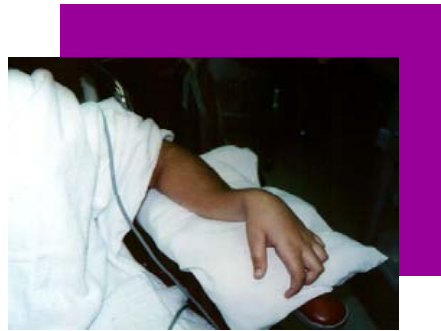
Who do we need to sedate?





Sedations

“Is this child suffering?”



# ASA Current Recommendations

- Appropriate pre-procedure evaluation increases the likelihood of satisfactory sedation and decreases the likelihood of adverse outcomes in moderate and deep sedation

# Risk factors

- All patients referred for sedation should be appropriately screened by the physician for the presence of risk factors that may increase the likelihood of an adverse effect.



# Risk factors

- Risk factors include, but are not limited to congenital or acquired abnormalities of the airway, liver failure, underlying lung disease, congestive heart failure, clinical brain stem dysfunction, apnea or hypotonia, prematurity, history of adverse reaction to sedating medications, and severe gastroesophageal reflux

# Risk factors

Positive pressure ventilation, with or without endotracheal intubation, may be necessary if respiratory compromise develops during sedation/analgesia. This may be more difficult in patients with atypical in patients with atypical airway anatomy

# Informed consent

Parents or legal guardian should be informed, agree to the administration of sedation and analgesia before the procedure begins, and sign an informed consent

# NPO

- Patients undergoing sedation/analgesia for elective procedures should not drink fluids or eat solid foods for a “sufficient period of time” to allow for gastric emptying. Gastric emptying may be influenced by many factors, including anxiety, pain, abnormal autonomic function (e.g., diabetes), and mechanical obstruction. Therefore, the suggestions listed **do not guarantee** that complete gastric emptying has occurred.

ASA recommendations for fasting before elective procedures

Ingested material	Minimum fasting period
Clear liquids	2 hours
Breast milk	4 hours
Infant formula	6 hours
Nonhuman milk	6 hours
Light meal	6 hours

# Focused patient history

Weight and resting vital signs

Allergies (Medications, food, latex)

Medications (current meds, past sedation)

Past medical history (admission?)

Last meal (solids, liquids)

Events leading to need for sedation (eg. Abdominal injury? ICP? )

# Focused physical examination

Upper airway

Neck flexion (not applicable for trauma patients)

Breath sounds

Heart sounds

Peripheral perfusion

Recording !!!



## Sample Procedural Sedation and Analgesia Form

**EQUIPMENT:**

Oxygen

Wall Suction

Crash Cart

Intubation Equipment   flumazenil  
 naloxone  
 diphenhydramine

**PATIENT INFORMATION:**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

ID#: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**PERSONNEL:**

\_\_\_\_\_

\_\_\_\_\_

**PRESEDATION PATIENT ASSESSMENT:**

Indication: \_\_\_\_\_ Vital Signs: P: \_\_\_\_\_ BP: \_\_\_\_\_ RR: \_\_\_\_\_ T: \_\_\_\_\_

Past Medical History: \_\_\_\_\_ Mental Status: \_\_\_\_\_

Medications: \_\_\_\_\_ Heart: \_\_\_\_\_

Allergies: \_\_\_\_\_ Lungs: \_\_\_\_\_

Last meal: \_\_\_\_\_ Pulses: \_\_\_\_\_

Other: \_\_\_\_\_ Monitor: \_\_\_\_\_ Pulse oximetry: \_\_\_\_\_  
 PETCO<sub>2</sub>: \_\_\_\_\_  
 ECG: \_\_\_\_\_

Patient informed of risks/benefits: Yes:  No:  Procedural sedation and analgesia: \_\_\_\_\_  
 IV Access: Yes:  No:

<b>Time:</b>				
<b>Medication:</b>				
<b>Skin color:</b>				
<b>LOC:</b>				
<b>P:</b>				
<b>RR:</b>				
<b>BP:</b>				
<b>O<sub>2</sub> in use:</b>				
<b>Po<sub>2</sub> sat%:</b>				
<b>PETCO<sub>2</sub>:</b>				
<b>Other intervention:</b>				
<b>Other comments:</b>				
<b>DISCHARGE:</b>				

Level of Consciousness (LOC): \_\_\_\_\_ Dressing/Splint in place: \_\_\_\_\_

Vital Signs: \_\_\_\_\_ Patient tolerates POs: \_\_\_\_\_

Neurovascular Status: \_\_\_\_\_ Responsible Party: \_\_\_\_\_

Pain Scale: \_\_\_\_\_

RN Signature: \_\_\_\_\_

MD Signature: \_\_\_\_\_

**DOB**, Date of birth; **P**, pulse; **BP**, blood pressure; **RR**, respiratory rate; **T**, temperature; **LOC**, level of consciousness; **sat**, saturation; **POs**, by mouth.

Just before sedation ask yourself: do I work in a safe environment?

Safe environment must include:

Skilled personnel (two)

Resuscitation equipment

Monitoring

Recording

# The real SEDATION...

