

IV Ketamine Paediatric Sedation Proforma

Date:

Time:

Name:

Address:

.....

.....

CHI Number:

Affix patient data label

Indication for sedation:

Proposed procedure:

Weight:kg

Last ate:

Last drank:

Aim 2 hours fasting, unless clinically urgent

Allergies? Details:

Analgesia received:

Does the patient need further analgesia? Prescribe on ED card if required

Checklist for suitability

Child aged 12 months or over: Y / N

Short painful procedure (ideally less than 20minutes): Y / N

If No to either, patient is not suitable for IV ketamine sedation

Absolute contraindications:

Procedure is intraoral and/or stimulates posterior pharynx Y / N

History of glaucoma or acute globe injury Y / N

If Yes to either, patient is not suitable for IV ketamine sedation

Use ketamine with added caution, and consider alternatives, in these situations:

Child aged 12-24 months Y / N

Food within 2 hours Y / N

Respiratory tract infection or lung disease Y / N

Cardiovascular disease Y / N

Poorly controlled seizure disorder Y / N

Psychosis or porphyria Y / N

Thyroid disease Y / N

CNS or neuromuscular disorders Y / N

Head injury with LOC, altered consciousness or vomiting Y / N

Complex medical background Y / N

History of previous airway surgery or congenital anomaly Y / N

Concerns identified on airway assessment (see SOP for details) Y / N

Senior staff giving approval for procedural sedation:

ED Co-ordinator (name): **AND** ED Consultant (name):

Consent; to be completed by patient / parent / other after discussion with Sedation Clinician

I consent for the above named patient to receive procedural sedation with IV ketamine, and have had the opportunity to read the parent & carer ketamine sedation information leaflet and discuss any queries.

Signed:

Relationship to patient:

Page 2: Staff involved & Medications

Name:

Address:

.....

.....

CHI Number:

Affix patient data label

Tick to confirm:

- Patient suitability
- Senior ED staff approval
- Consent obtained

Staff involved

Role	Name	Grade	Signature
Sedating Clinician			
Procedure Clinician			
Nursing Staff			
Observing			

ONDANSETRON (0.1mg/kg, maximum dose 4mg). To be given prior to initial ketamine dose.								
Date	Drug	Dose	Route	Time	Signature of Prescriber	Checked by	Given by	Time
	ONDANSETRON		IV					

KETAMINE (initial dose 1mg / kg). Top-up doses* (if required). 0.25-0.5mg/kg. Maximum TOTAL dose 2mg/kg. Dilute dose into 10ml 0.9% NaCl (top-up doses can be diluted into 5ml 0.9% NaCl) and give over 1 minute via slow IV bolus. Follow with 5-10ml 0.9% NaCl flush.								
Date	Drug	Dose	Route	Time	Signature of Prescriber	Checked by	Given by	Time
	KETAMINE		IV					
	KETAMINE		IV					
	KETAMINE		IV					

***If further doses required, review appropriateness of the procedure & consider anaesthetic referral for GA**

Adjunctive Agents & Indications; see full guideline for management pathways of potential side effects
SUXAMETHONIUM (2mg/kg IV bolus); muscle relaxant for severe laryngospasm / airway compromise Calculated Dose:
ATROPINE (0.02mg/kg IV over 2-3 minutes, max dose 3mg); for hyper-salivation or bradycardia Calculated dose:
MIDAZOLAM (0.05mg/kg IV over 2-3 minutes, max dose 6mg); for emergence phenomena / agitation Calculated dose:

Page 4: Post-Procedure

Name:
Address:
.....
.....
CHI Number:
Affix patient data label

Adverse Events Recording:

Step 1: Was there one or more adverse events associated with this sedation encounter?

- No, this form is now complete Yes, fill out remainder of form below

Step 2: Please DESCRIBE the adverse event(s). Check all that apply.

- | | | | |
|--|--|--|---|
| Minimal risk descriptors
<input type="checkbox"/> Vomiting / Retching

<input type="checkbox"/> Subclinical respiratory depression
<input type="checkbox"/> Muscle rigidity, myoclonus
<input type="checkbox"/> Hypersalivation
<input type="checkbox"/> Paradoxical response
<input type="checkbox"/> Recovery agitation
<input type="checkbox"/> Prolonged recovery | Minor risk descriptors
<input type="checkbox"/> O2 desaturation (75-90%) for <60s

<input type="checkbox"/> Apnoea, not prolonged (<60s)
<input type="checkbox"/> Airway obstruction
<input type="checkbox"/> Failed sedation
<input type="checkbox"/> Allergic reaction without anaphylaxis
<input type="checkbox"/> Bradycardia
<input type="checkbox"/> Tachycardia
<input type="checkbox"/> Hypotension
<input type="checkbox"/> Hypertension
<input type="checkbox"/> Seizure | Sentinel risk descriptors
<input type="checkbox"/> O2 desaturation severe (<75% at any time) or prolonged (<90% for >60s)
<input type="checkbox"/> Apnoea, prolonged (>60s)
<input type="checkbox"/> Cardiovascular collapse / shock
<input type="checkbox"/> Cardiac arrest / absent pulse | <input type="checkbox"/> Other, please specify: |
|--|--|--|---|

Step 3: Please note the INTERVENTIONS performed to treat the adverse event(s). Check all that apply.

- | | | | |
|--|---|--|--|
| Minimal risk
<input type="checkbox"/> No intervention performed
Administration of:
<input type="checkbox"/> Additional sedative(s)
<input type="checkbox"/> Antiemetic
<input type="checkbox"/> Antihistamine

<input type="checkbox"/> Other, please specify: | Minor risk
<input type="checkbox"/> Airway repositioning
<input type="checkbox"/> Tactile stimulation
Administration of:
<input type="checkbox"/> Supplemental O2, new or increased
<input type="checkbox"/> Antisialagogue | Moderate risk
<input type="checkbox"/> BVM-assisted ventilation
<input type="checkbox"/> Laryngeal mask airway
<input type="checkbox"/> Oral / nasal airway
<input type="checkbox"/> CPAP
Administration of:
<input type="checkbox"/> Reversal agents
<input type="checkbox"/> Rapid IV fluids
<input type="checkbox"/> Anticonvulsant IV | Sentinel intervention
<input type="checkbox"/> Chest compressions
<input type="checkbox"/> Tracheal intubation
Administration of:
<input type="checkbox"/> Neuromuscular block
<input type="checkbox"/> Pressor / epinephrine
<input type="checkbox"/> Atropine for bradycardia |
|--|---|--|--|

Step 4: Please note the OUTCOME of the adverse event(s). Check all that apply.

- | | | | |
|--|--|--|---|
| Minimal risk outcome
<input type="checkbox"/> No adverse outcome | Moderate risk outcome
<input type="checkbox"/> Unplanned hospitalisation or escalation of care | Sentinel outcome
<input type="checkbox"/> Death
<input type="checkbox"/> Permanent neurological deficit
<input type="checkbox"/> Pulmonary aspiration syndrome | <input type="checkbox"/> Other, please specify: |
|--|--|--|---|

Checklist for discharge from sedation area (to recovery area or ward):

- Consistently obeying age-appropriate commands
Normal observations
All staff members are happy for transfer

For patients where post-procedure management allows discharge home

Review & Discharge Checklist:

Time & date

- Fully alert Able to walk unassisted (if applicable) Tolerating oral fluids Stable observations
Adequate analgesia Parent / carer leaflet given Parent / carer happy for discharge home

Does the patient meet **all** the above criteria for discharge home? Y / N

Comments:

Staff member responsible for discharging patient:

Name: Grade: Dept: Signature: