Sedation for clinical procedures
Information for patients
Sedation can help your child by minimising anxiety before a clinical procedure through its relaxing and amnesic effects (not remembering). It can be used to help us perform a procedure where your child will need to keep very still.

In addition, some painful procedures can be performed using sedation as well as simple painkillers or local anaesthetic cream (magic cream).

**How is it given**

Sedation is usually given as liquid medicine taken by mouth, or Entonox (laughing gas).

Occasionally it is given into a vein using a needle and a small tube called a cannula.

The choice of sedation will depend on your child’s age, current health and the procedure to be performed.

**Preparation for sedation**

Your child will need to be starved before the sedation (as if they are having an operation) because sedation has to be given on an empty stomach. If your child becomes very sleepy after taking the sedation medicine there is a risk that any food or drink in the stomach might come back up and get into their lungs. This could cause problems with their breathing. You will be given fasting instructions to follow before you come in.

On the day, you and your child will have an opportunity to talk to the Nurse and Play Specialists about what will happen.

**What are the benefits of sedation?**

- Reduce fear and anxiety.
- To control pain.
- To help keep your child very still during the procedure.
What are the risks of sedation?
Sedation can have some side-effects. Children can react differently to the sedation medicine:
• Some children may become over sedated and sleepy.
• Some children may become hyperactive.
• Rarely, the sedation does not work.

Why sedation might not be recommended
Sedation may not be recommended if your child:
• is unwell on the day of the procedure.
• has chest or breathing problems.
• has sleep apnoea.

Entonox is not suitable for all children.

Are there any alternatives?
It may be possible to carry out the procedure without sedation using play distraction and explanation.

If sedation is not suitable for your child he/she may need a general anaesthetic for the procedure. This means that they will be completely asleep.

You will have an opportunity to discuss this before the procedure.

Consent
We will need your verbal consent for the sedation to be given.

If there is anything you are unsure about, or if you have any questions, please ask.
What happens during the procedure?

Your child will be assessed on admission by a Doctor or Advanced Nurse Practitioner. They will check your child is well and they are fit to have sedation.

Your child will also have their temperature, weight, heartbeat and breathing rate (vital signs) measured. Your child will be monitored carefully as soon as the sedative medicine is given, until their recovery after the procedure.

After your child has had sedation

The sedation may leave your child feeling more tired than usual for the next day or so. In most cases the effects should have worn off by the next morning and your child should be back to their usual self.

Your child will need more supervision than usual. For the next 12-18 hours we advise that you supervise your child while walking or crawling, as the sedation may leave them wobbly and a little uncoordinated.

On the journey home, we recommend that an adult sits in the back seat of the car with your child so that he/she can be watched at all times.

Your child can eat and drink as they want to. It is a good idea to offer small frequent amounts of food and drink, as your child will have fasted for some time before the procedure.

It is better not to give any further sedation medicine for at least 24 hours. Therefore if your child normally takes any medication, check the information on the bottle to see whether it has a sedative effect. If so, or you are unsure, seek advice from the Nurse or Doctor at the hospital about whether the medicine should be given. A painkiller (such as paracetamol syrup/Calpol) may be given if required.
The hospital experience is strange and unsettling for some children so do not be surprised at changes in behaviour when you get home – for example, your child may be more clingy, easily upset or have disturbed sleep. Try to be patient, understanding and give your child a bit more time.

If you find that you are unable to wake your child or you are concerned about him/her, please do not hesitate to contact the hospital on the following numbers, or take them to your nearest hospital emergency department.

Children’s Day Care Ward 01865 234 148 /9
Tom’s Ward 01865 234 108
Robin’s Ward 01865 231 254
Drayson ward 01865 231 237
John Radcliffe Hospital Switchboard 01865 741 166

Your child was given ..............................................................

at ..............................................................
Further information

You can find further information on the following websites:

• http://guidance.nice.org.uk/CG112/Guidance/pdf

• The Royal College of Anaesthetists (2003) ‘Your child’s general anaesthetic; information for parents and guardians of children’ London: RCOA www.rcoa.ac.uk
Please bring this leaflet with you on the day of your child’s admission

We hope that this information is useful to you and would welcome any comments about the care or information you have received.

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call 01865 221473 or email PALSJR@ouh.nhs.uk

Jude Taylor and Jackie Campbell, Advanced Nurse Practitioners
Hilary Kirk, Consultant Paediatric Anaesthetist
Created May 2013
Review date May 2016
Oxford University Hospitals NHS Trust
Oxford OX3 9DU
www.ouh.nhs.uk

OMI 5282P