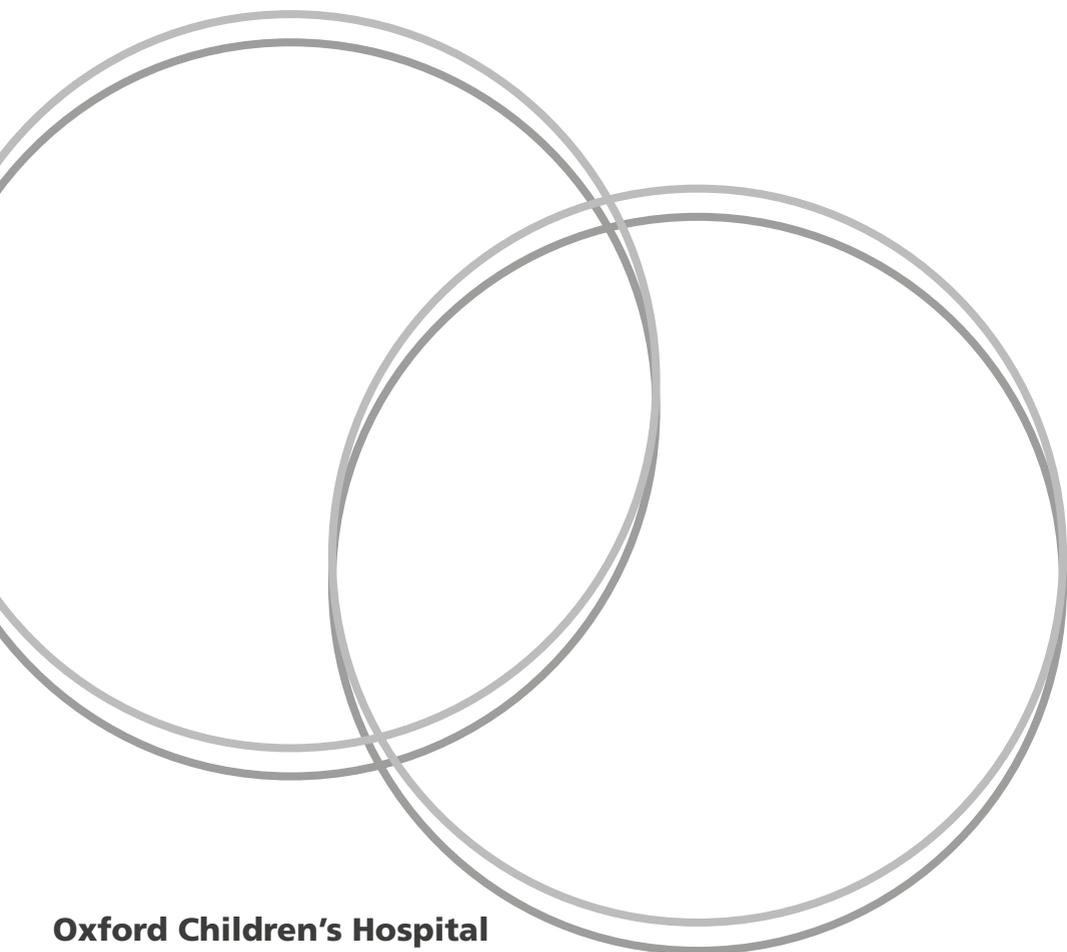




Oxford University Hospitals  
NHS Foundation Trust

# Sedation for clinical procedures (for children and young people)

Information for children, young people and their parents/carers



Oxford Children's Hospital

## What is sedation?

Sedation can help your child by reducing anxiety before and during a clinical procedure, through its amnesic (not remembering what happened) and relaxing effects. It can also be used to help us carry out a procedure where your child will need to keep very still.

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

## How is sedation given?

Sedation can be given in the following ways:

- as liquid medicine to swallow
- as buccal medicine (rubbed into the inside of the cheeks)
- as intranasal medicine (squirted into the nostrils)
- as a gas to breathe, called Entonox (laughing gas). Entonox is not suitable for all children
- into a vein using a needle and a small tube called a cannula.

The sedation given will depend on your child's age, current health and the procedure to be carried out.

## Preparation for sedation

On the day, you and your child will have an opportunity to talk to the Doctor/Advanced Clinical Practitioner and Play Specialists about what will happen. If you have any questions before your child's admission for the sedation procedure, please contact us.

Your child will need to be fasted (starved) before the sedation as it has to be given on an empty stomach. This is because if your child becomes very sleepy after taking the sedation medicine, there is a risk that any food or drink in their stomach might come back up (vomit) and get into their lungs. This could cause problems with their breathing.

You will be given specific fasting instructions to follow before your child comes in for the procedure.

## Fasting instructions

### Paediatric fasting guidelines for sedation and Anaesthesia

#### Children under one year

- Clear fluids (water and dilute squash) up to 1 hour before the procedure.
- Breast milk up to 3 hours before the procedure
- Formula milk up to 4 hours before the procedure
- Solids and cow's milk up to 6 hours before the procedure.

#### Children over one year

- Clear fluids (water and dilute squash) up to 1 hour before the procedure
- All milk and solid food up to 6 hours before the procedure.

## **Tips to help on the day**

Trying to ensure your child is tired before the sedation may help.

Tips to help with this are: if they usually have a sleep/nap in the morning try to keep them awake

Putting them to bed an hour later the night before and waking them an hour earlier the day of the sedation

### **Things to bring:**

- Please bring any toy or comforter your child usually sleeps with as this may help them to settle after having the sedation medicine
- Any food/snack your child likes for when they are allowed to eat after the sedation procedure.

## **What are the benefits of sedation?**

- To reduce fear and anxiety
- To help 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
- Sometimes 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
- Your child has chest or breathing problems
- Your child has heart problems
- Your child has sleep apnoea. (This is a potentially serious sleep disorder, causing breathing to stop and start during sleep).

## **Are there any alternatives?**

It may be possible to carry out the procedure without sedation, by using play distraction and explanation.

If sedation is not suitable, or successful for your child on the day, they may need stronger sedation or a general anaesthetic for the procedure instead. A general anaesthetic means that they will be completely asleep during the procedure. This means they need to come back on another day. We will inform the health care professional who referred your child about the outcome of the sedation procedure, they will decide if this is suitable for your child and refer them to the Paediatric Anaesthetist if appropriate.

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

## **Consent**

We will need your verbal consent for the sedation to be given. Sometimes written consent is also taken depending on the procedure.

If there is anything you are unsure about, or if you have any questions, please ask before giving consent.

## **What happens on the day?**

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

Your child will also have their temperature, weight, height, heart rate and breathing rate (vital signs) measured. Depending on what sedation we give we may also measure your child's blood pressure. If your child is at risk of having a low blood sugar during fasting, we may also do a fingerpick glucose test.

## **During the procedure**

Your child will be monitored carefully as soon as the sedative medicine is given, until their recovery after the procedure.

You should be able to stay with your child during the procedure. A Doctor, Advanced Clinical Practitioner or Radiographer will complete the procedure once your child is adequately sedated.

A Hospital Play Specialist can support your child during the procedure. If they wish your child can listen to music, watch something on an iPad, or use any techniques or resources to help keep them as calm and relaxed during the procedure as possible.

## **After your child has had sedation**

We will continue to monitor your child to ensure a safe recovery after the sedation and procedure.

Your child will be discharged once they have recovered from the sedation and the procedure, and they have achieved our discharge criteria. This is usually 1-2 hours but can be longer depending on the type of sedation given, the procedure performed and your child's underlying health.

## Going home

After having sedation 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.

The sedative effects should have worn off by the next morning, but your child may feel more tired than usual for the next day or so.

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 best not to give any further sedation medicine for at least 24 hours. 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 their behaviour when you get home. Your child may be clingier than usual, easily upset or have disturbed sleep. Try to be patient, understanding and give your child a bit more time.

## **Signs to look out for**

If you find that you are struggling to wake your child or you are concerned about them, please do not hesitate to contact the hospital on the numbers at the back of this leaflet.

If you are very concerned about your child's breathing or level of consciousness, take them to your nearest hospital Emergency Department or phone 999.

### **Sedation/Medication given**

Your child was given: .....

at: .....

## **How to contact us if you have any concerns**

If you have any worries or queries about your child once you get home, please telephone the ward and ask to speak to one of the nurses. You can also contact your GP.

### **Children's Day Care Ward:**

Tel: **01865 234 148**

(7.30am to 7.30pm, Monday to Friday)

### **Outside of these hours, you can contact:**

**Robin's Ward: 01865 231 254/5**

**Melanie's Ward: 01865 234 054/55**

**Tom's Ward: 01865 234 108/9**

**Bellhouse Drayson: 01865 234 049**

**Kamran's Ward: 01865 234 068/9**

### **Horton General Hospital**

**Children's Ward: 01295 229 001/2**

All of these wards are 24 hours, 7 days a week.

### **Oxford University Hospitals Switchboard:**

Tel: **0300 304 7777**

### **If you need urgent advice, contact your 'out of hours' service.**

This may be a GP service, NHS walk-in Centre, NHS 111, a minor injuries unit, or your local emergency department.

Information about urgent and emergency care in England can be found on the NHS website [www.nhs.uk](http://www.nhs.uk) or by calling the **NHS 111 helpline (dial 111 for free from any landline or mobile).**

## Further information

You can find further information on the following websites:

Pathways:

[www.pathways.nice.org.uk/pathways/sedation-in-childrenand-young-people](http://www.pathways.nice.org.uk/pathways/sedation-in-childrenand-young-people)

The Royal College of Anaesthetists (2020), 6th edition, 'Your child's general anaesthetic; information for parents and guardians of children' London:

RCOA [www.rcoa.ac.uk](http://www.rcoa.ac.uk)

OUH Website:

[www.ouh.nhs.uk/children](http://www.ouh.nhs.uk/children)

***Please bring this leaflet with you on the day of your child's admission.***

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

## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Author: Children's Advanced Clinical Practitioner Team on  
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Oxford University Hospitals NHS Foundation Trust

[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)



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