

# Before Procedural Sedation (Child)

Children can find tests, treatments, or other medical procedures scary. Your child might need medicine to help them relax, calm down, and stay still during the procedure. We call this procedural sedation. If we know a procedure could be painful, we also give medicine to ease pain.

The doctor decides if your child needs procedural sedation. We could give the medicine by mouth (oral), into the nostrils (intranasal), by injecting it into a muscle, (intramuscular), or into the blood stream through a vein (intravenous).

Please use this information to help prepare your child for the procedure.

## Explaining the procedure

It is important to be honest. Children feel less anxious and scared when they know what to expect. Explain that they will feel sleepy or strange when we give the medicine. Tell your child who will stay with them, what kinds of things will happen, and how they might feel during and after the procedure. Most children do not remember the procedure. Your healthcare team can help you explain the procedure to your child if you wish.

If you stay with your child during the procedure, you can help by gently reassuring your child. Try suggesting they think or dream about pleasant topics, such as being on a beach, going on a trip, or a favourite pet.

## Possible effects of procedural sedation

During the procedure:

- Your child's breathing might slow down.
- Your child's blood pressure might get low.

This is normal. We watch your child closely all during the procedure.

As your child wakes up after the procedure, your child could:

- feel sick to their stomach (nausea)
- throw up
- be grumpy, upset, or tearful
- feel sleepy, dizzy, or wobbly
- have bad dreams

## For your child's safety

We assign a nurse to stay with your child before, during, and after the procedure until your child is awake and returning to their normal self.

The nurse closely monitors your child and the effects of the procedural sedation. The nurse checks your child's heart rate, breathing rate, blood pressure, oxygen level and lets the doctor know right away if there are any concerns.

## How to prepare your child

**Stop** feeding your child milk and solid food 6 hours before the procedure. **Stop** breastmilk feeding 4 hours before the procedure. Your child can have water, or plain clear apple juice. **Stop** all fluids 2 hours before the procedure.

### Before we begin the procedure

- We make sure we have all the necessary equipment available.
- We put a device on one of your child's fingers or toes. The device measures the amount of oxygen in your child's blood at all times.
- We might place soft plastic tubes in your child's nostrils. The tubing attaches to a machine that monitors your child's breathing.
- Sometimes we put an intravenous in a child's hand or foot if we are giving medicine this way.
- We might put small sticky pads with wires attached on your child's chest, which are connected to a heart monitor.
- We bring special medicines to your child's bedside. If needed, we give these medicines to reverse the effects of sedatives and pain medicines. It is very rare that we ever need these special medicines.

### During the procedure

For most procedures, you can expect at least 3 health professionals in the room:

- A doctor who does the procedure.
- A health professional who constantly monitors your child's breathing. This could be an anesthetist, a respiratory therapist, or a nurse.
- A nurse who, every 5 minutes, checks things like:
  - how sedated your child is
  - your child's oxygen level
  - your child's heart rate and breathing rate
  - your child's blood pressure

Your child might drool and we might need to suction their mouth so they don't choke.

Your child might look like they are awake because their eyes could remain open. They are actually in a kind of dream state. You can talk to your child and help them focus on pleasant dreams.

We suggest only one parent or caregiver stay with your child during the procedure. If you don't feel comfortable at any time, it is okay if you leave.

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### Right after the procedure

The nurse monitors your child closely until they fully wake up and return to their normal behaviour. The nurse continues to check your child's heart rate, breathing rate, blood pressure, oxygen level, as well as how awake they are.

As your child wakes up, they might react to the light and noise. Talk softly and gently touch your child. Help them focus on their happy dreams. This helps them wake up slowly.

# After Procedural Sedation (Child)

## Details about the medicine(s) we gave

Your child's weight: \_\_\_\_\_

Date and time: \_\_\_\_\_

Sedation given: \_\_\_\_\_

Amount given: \_\_\_\_\_

How it was given:

- by mouth (oral)
- into the nostrils (intranasal)
- injected it into a muscle (intramuscular)
- into a vein (intravenous)

## Specific instructions for your child

Closely watch over your child for at least the next 24 hours or until \_\_\_\_\_

Give pain medicines as directed by the healthcare team.

## For questions or concerns, call:

Doctor: \_\_\_\_\_

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

Fraser Health Virtual Care to speak to a nurse

10:00 a.m. to 10:00 p.m., 7 days a week

Phone: 1-800-314-0999

Live chat: [fraserhealth.ca/virtualcare](https://fraserhealth.ca/virtualcare)

HealthLinkBC to speak to a nurse after hours.

Phone: 8-1-1

Available in 130 languages. For an interpreter, say your language in English. Wait until an interpreter comes on the phone.

Your child is ready to go home when:

- They are fully awake or back to how they were before we gave the medicine.
- They can drink small amounts of fluid.

The effects of the medicine(s) usually wear off within a few hours. However, some children have some unwanted effects for up to 24 hours.

It is common for children to have any of these unwanted effects from the medicine(s):

- throwing up
- not wanting to eat (no appetite)
- unsteady or off balance
- complaining of feeling dizzy
- groggy or sleepy
- cranky, grumpy, tearful, irritable

## Travelling home

- Arrange to have a second adult drive or ride with your child if possible.
- Position your child in the car seat or seatbelt so that their head is supported.
- If your child is sleeping, gently awaken your child occasionally to make sure it is only a light sleep and they are breathing easily.

## Caring for your child at home

### Activity

Let your child rest or sleep today.

For the first 3 to 4 hours at home:

- Check your child several times.
- Make sure you can wake your child up.
- Check how your child is breathing.
- Check your child's skin and lip colour.

Your child might be unsteady and have foggy thinking for the next 24 hours. During this time:

- Encourage quiet play such as reading, drawing, doing puzzles, doing crafts, or watching videos.
- **Do not** leave your child alone while they are awake.
- **Do not** let your child do anything that needs balance or quick thinking such as running, bike riding, or playing sports.
- **Do not** let your teenager drive or use machines.

### Feeding your child

Do not force your child to drink or eat. There is a chance your child could choke if you do.

- **Wait** until your child is fully awake before feeding your child.
- If your child is breastfed, start with 1 or 2 short feeds before returning to normal feeding.
- If your child drinks from a bottle, cup, or glass:
  - Start with clear fluids such as water, apple juice, ginger ale, or clear broth.
  - Give 1 or 2 meals or feeds of clear fluids.
- Once your child can drink clear fluids without throwing up:
  - Feed small amounts of your child's regular food 1 or 2 times before returning to normal feeding.
- Do not feed too much or too fast. It can make them throw up.

### When to get help

Go to the nearest Emergency Department if you notice any of these:

- Your child throws up more than 3 times over the next couple of hours.
- Your child is drowsy or sleepy for more than 24 hours.
- You cannot settle your child when upset, irritable, or frightened.
- Any unwanted effect gets worse at any time.

Call 9-1-1 right away if you notice any of these:

- Your child's breathing is shallow, slow, or different than usual.
- Your child is having trouble breathing.
- Your child's skin around the mouth is turning blue (if light-skinned), or pale or gray (if dark-skinned).
- You cannot wake your child up.

**Note:** Bring this sheet with you to the Emergency Department.