### BEFORE SEDATION

#### 1. PRE-PROCEDURE
- Required staff available *1 (see over page)
- Procedure location appropriate *2
- Patient fasted *3
- Baseline observations recorded *4

**Patient/carer has confirmed:**
- Patient identification
- Procedure and site/side/level marking matches consent *5

#### 2. SIGN IN

**Led by sedationist**
- Patient identification
- Procedure and site/side/level marking matches consent
- Allergies/adverse reactions checked
- Medication planned *6
- Sedation/anaesthetic equipment checked
  - Paediatric resuscitation trolley with full set of intubation equipment
  - Oxygen (min 15 L flow meter)
  - Bag/valve/mask
  - Suction with rigid sucker
  - Oropharyngeal airway
  - Oxygen saturation monitor with appropriate audible alarm settings
- IV or IM agents also need:
  - BP measuring device
  - Access to electrocardiograph (ECG) monitoring
  - Expired carbon dioxide monitoring available
- Check patient sedation risk, if identified consult specialist *7
- Proceduralist available

### AFTER PROCEDURE

#### 3. TEAM TIME OUT

**Led by proceduralist**
- Team members introductions
- Patient identification
- Procedure and site/side/level marking matches consent *5
- Allergies/adverse reactions confirmed

**If applicable:**
- Essential imaging reviewed

**Possible events discussed:**
- Adverse events
- Failed sedation
- Failed procedure

#### 4. SIGN OUT

**Led by sedationist, before the patient leaves the procedural area**
- Team confirms procedure recorded
- Medication chart is complete *6
- Recovery location appropriate

**If applicable:**
- Adverse events recorded
- Specimens/images labelled correctly
- Equipment problems documented and staff advised
- Advice for clinical handover

**Sedationist name:**

**Assistant name:**

**Proceduralist name:**

**Assistant name:**

**Checklist completed by:**
- Name:
- Signature:
- Designation:
- Date:
### 1. Staff

- **Nitrous oxide**
  - Two staff:
    - Sedationist (credentialed)
    - Proceduralist

- **Nitrous + analgesic or sedative**
  - Three staff:
    - Sedationist (credentialed)
    - Proceduralist
    - Assistant

- **Ketamine**
  - Three staff:
    - Sedationist (credentialed)
    - Proceduralist
    - Assistant

### 2. Location

- Emergency departments, wards, clinics and imaging
- Emergency department procedural area with advanced paediatric monitoring, resuscitation equipment and medications available

### 3. Fasting

- **For non-urgent procedures**
  - 2 hours for fluid and solids
  - 4 hours for milk/solids

- **For urgent procedures**
  - Assess the risk/benefit of fasting
  - 2 hours for clear fluid
  - 4 hours for milk/solids
  - 6 hours for milk/solids

### 4. Observations

-Baseline observations
-Then recorded every 15 minutes

### 5. Consent

- Documented verbal consent
- Written consent

### 6. Medication

- **Fentanyl**
  - **Intranasal**
    - (child over 1 year)
    - 1 - 2 micrograms/kg/dose (max 100 micrograms/dose)
    - Given every 5 minutes if needed
    - Up to total dose of 3 micrograms/kg (max 300 micrograms)

- **Ketamine**
  - **Intravenous**
    - 1 mg/kg titrated slowly
    - Then 0.5 mg/kg every 10 minutes if needed
  - **Intramuscular (if no IV access)**
    - 3 - 4 mg/kg
    - After 10 minutes if needed give:
      - IM 1.5 - 2 mg/kg
      - OR
      - Obtain IV access and give further 0.5 mg/kg dose

### 7. Risk factors for procedural sedation:

- Under 12 months of age or less than 10kg
- Airway obstruction e.g. sleep apnoea, anti-epileptics
- Hypoventilation e.g. neuromuscular disorders
- Aspiration e.g. prior episodes, bowel obstruction
- Laryngospasm e.g. history, URTI with ketamine
- Bronchospasm e.g. asthma
- Cardiovascular compromise e.g. sepsis, hypovolemia
- History of adverse reactions to sedation or analgesia
- Moderate or severe systemic disease
- Medication contraindications

For more information please see NSW Health clinical practice guideline: Paediatric Procedural Sedation Guide for Emergency Departments, Wards, Clinics and Imaging