Procedural Sedation for Children

The goal of sedation during a procedure is not to make the child unconscious but to help them relax but still be able to respond to voice or touch. You will be asked to give permission, either by mouth or signed, for your child to be given sedation.

Why use procedural sedation?
Children may need sedation (be made sleepy) to help them with anxiety and sometimes pain when having procedures.
Examples of when your child may need sedation include when they need to:
- Lie very still during a test such as a scan
- Have a procedure which is uncomfortable or scary, such as a dressing or fixing a broken bone or a cut

Having medicines for sedation during these procedures can help to calm your child. Sometimes, this can also help the procedure to go quicker.

What medicines are used?
Commonly:
- Midazolam, Clonidine and Ketamine calm the child. Midazolam also helps them to forget. These may be used by themselves or with a pain relief medicine such as morphine or fentanyl
- Entonox® (giggle/laughing gas) can be used by children over 5 years of age
- Nitrous oxide gas may be used for procedures such as straightening broken bones or for children having Botox® injections to reduce spasticity
- Chloral hydrate is used for children who need to stay asleep or lie very still

Are these any risks?
- The medicines can sometimes work too well, even at the right dose, making children too sleepy and they may need oxygen through a mask or rarely a breathing tube
- Sometimes the sedative medicines do not work well enough. If this happens, the staff will discuss with you the best option
- Midazolam occasionally makes children agitated and upset instead of sleepy. This will settle in a short period of time with cuddles and reassurance
- The medicine may cause vomiting

How are the risks reduced?
- The nurse or doctor will ask about the health of your child including any medicines they take and allergies
- For some medicines your child will need to fast (not have anything to eat or drink before the procedure). Staff will tell you if this is necessary and for how long
- All children respond differently to the medicines used for sedation so your child will be checked regularly to make sure they are comfortable and safe

What can you do to help your child before the procedure?
- Tell them what is going to happen in a way they can understand
- If your child is old enough, talk to them about ways they can cope
- Answer your child’s questions. Please ask the doctor or nurse if you need help
- Tell them we will make them as comfortable as possible and keep them safe
- Be helpful and focus on why they are doing the procedure e.g. so they can get better quicker and go home
- Remain calm because your child will pick up on your feelings
How can you help your child during the procedure?
- Having a parent there usually helps. If you do not feel able to stay, when possible, arrange for another adult your child knows to be with them.
- Even if you can’t stay during the procedure, it is reassuring if you are with your child as they wake up.
- Keep your words helpful and focused on getting better.
- Distraction can shift your child’s focus from the procedure to something enjoyable.
- Distract them with storybooks, electronic games, craft or similar. Ask your child questions about their favourite toy, activity or pets.
- Guide your child’s imagination to go somewhere in their mind that they enjoy or feel safe such as dancing or bike riding.
- Praise your child and reinforce their ability to stay calm and cope.
- Ask your nurse for a brochure on helpful words called ‘Words I can use to help my child during a procedure’.

How long will my child have to stay after the procedure?
- Your child will stay at the hospital until the main effects of the medicine wear off.
- This depends on your child’s age, the medicine used and how it was given. Ask the nurse how long your child will need to stay.
- Your child may be awake at the end of the procedure but they need to have the chance to have a sleep before they leave as they can go into a deep sleep after the procedure has finished.
- The staff will say when your child is able to leave. They must be fully awake and are eating and drinking before they go.
- If sedation is given in the evening your child may have to stay overnight.

On leaving the hospital
- Children can only leave the hospital when most of the effects of the medicine have worn off.
- Sometimes delayed effects of the medicine can cause sleepiness or clumsiness over the next 24 hours.
- Transport home should be by private car. It is strongly recommended that 2 adults transport your child home – one to drive and the other to watch your child.
- Use the usual child restraint (e.g. car seat) and position your child so that their head does not fall too far forward if they fall into a deep sleep, as this may make it hard for them to breathe.
- Occasionally, even though your child was awake when leaving hospital, they may still go into a deep sleep.
- Should your child fall asleep within 2 hours of leaving the hospital please check them every 10 minutes to make sure you can wake them. If you are the only adult in the car, pull over every 10 minutes and check that you can wake your child.
- Your child can start eating and drinking normally once they are no longer sleepy.
- Occasionally children may vomit. Don’t worry if they vomit once or twice but if your child keeps vomiting please go to see a doctor or nurse.
- For 24 hours after having sedative medicine, children should not climb on equipment, ride bikes, swim, or use machines or toys that might cause an accident.
- If you are unable to wake your child or have any concerns please come back to the hospital or ring emergency services (000).

For more information
Women’s and Children’s Hospital
72 King William Road
North Adelaide 5006
Telephone: (08) 8161 7000
www.wch.sa.gov.au

© Department of Health, Government of South Australia. All rights reserved. Revised September 2019.