

Procedural Sedation is a core competency of Pediatric Emergency Medicine and a service we are privileged to provide patients in the Pediatric Emergency Department (PED) to facilitate accomplishment of acute procedural management. Determination of appropriateness for provision of procedural sedation is at the discretion of the Attending PED Physician.

UNC PED Procedural Sedation Selection Criteria

Inclusion Criteria

- Overall disclaimer: if simplicity of procedure does not warrant risk of sedation, other strategies should be considered
- Age > 6 months old
- ASA Classification 1 or 2 (see exclusion criteria)
- NPO status in compliance with UNC Pediatric Sedation Policy for non-emergent procedure
 - o Language in Pediatric Sedation Policy:
 - *“In the general and pediatric emergency departments appropriate NPO time for pediatric procedural sedation should be at the discretion of the qualified/credentialed attending physician, taking into account the patient’s past medical history, type of last oral intake, urgency and duration of procedure and choice of medication”*
- Appropriate complexity of injury or of procedure:
 - o Demand of time or resources NOT too great for PED setting
 - o Estimated duration \leq 30 min
 - o If single attending or high PED acuity & non-emergent procedure, OR is the preferred location for procedure or sedation delayed until PED better equipped to provide sedation

Exclusion Criteria

- Concerning anatomic conditions [NOT EXHAUSTIVE]:
 - o Severe obesity (BMI \geq 35 or > 99th percentile; **need height**)
 - BMI > 35-40 associated with significant events (jaw thrust, hypoxia, bag-mask ventilation)
 - o Short neck, limited neck extension, c-spine disease/trauma
 - o Impaired mouth opening
 - o Abnormal airway anatomy (known critical airway, airway instability, laryngotracheomalacia, inhalation injury, foreign body)
 - o Absent cough/gag
 - o Extensive intra-oral injuries and/or concern for significant facial fractures
- Pregnant (ALL MENSTRUATING FEMALES NEED PREGNANCY TEST PRE-SEDATION)
- Complication from prior sedation/anesthesia in patient or primary relative
- Co-morbid conditions [NOT EXHAUSTIVE]:
 - o Obstructive sleep apnea/significant snoring history
 - o Primary aspiration
 - o Hypertension (or any underlying condition in which increased blood pressure would pose a risk of complications), congestive heart failure, coronary disease, cardiomyopathy, dysrhythmia
 - o CNS mass, pseudotumor, obstructive hydrocephalus, otherwise elevated intracranial pressure
 - o Thyroid disease
 - o Porphyria
 - o Psychosis/schizophrenia
 - o Neuromuscular disease

- Bowel obstruction
- Active pulmonary process including URI or Asthma (relative contraindication)

Special Populations

- Trauma Alert patients (inclusion criteria):
 - must be appropriate as per above criteria
 - Injury does not warrant definitive management in OR
 - GCS > 14
 - Stable c-spine
 - No pulmonary contusion/flail chest
 - No intra-abdominal injury
 - No undefined laboratory abnormalities (Anemia, Hematuria, Increased LFTs/Lipase)
 - Distracting injury has been considered: Injury warranting procedural attention has not overshadowed another significant injury (e.g., extremity fracture distracts from possible intra-abdominal injury)

References

- American College of Emergency Physicians Clinical Policy: Procedural Sedation and Analgesia in the Emergency Department. *Ann Emerg Med.* 2014; 63: 247-258.
- American Society of Anesthesiologists. Statement on ASA Physical Status Classification System. <https://www.asahq.org/standards-and-practice-parameters/statement-on-asa-physical-status-classification-system> Accessed November 28, 2023
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- Kilic ET, Sayar S, Kahraman R, Ozdil K. The effects of obesity on sedation-related outcomes of advanced endoscopic procedures. *North Clin Istanbul.* 2019; 6 (4): 321-326
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