

KETAMINE PROCEDURAL SEDATION FOR CHILDREN IN THE EMERGENCY DEPARTMENT

Patient's Name: _____

Hospital number: _____

D.O.B: _____

NHS number: _____

Date: _____

Procedure: _____

Sedation Doctor: _____

Procedure Doctor: _____

Nurse: _____

Past Medical History: _____

Allergies: _____

ASA Grade: 1 2 3 4

Ketamine Sedation will only take place if there are no exclusion criteria and all of the other Factors are met and "YES".

Factors	Yes	No
ST3 or above trained in Ketamine Sedation		
Written consent signed by person with parental responsibility		
Verification no exclusion criteria exists		
Appropriate cubicle available in Resus Room		
Pre discharge criteria documented on form		

Inclusion Criteria	Yes	No
Age 1-16 years		
Written consent obtained		
Fasted 4 hours for food And 2 hours for liquids		

Absolute Exclusion Criteria	Yes	No
Previous adverse reaction to Ketamine or S-Ketamine		
Active Lower Respiratory Tract Infection		
Head Injury with loss of consciousness, altered consciousness or vomiting		
Co-existing injury for which General Anaesthetic required		
History of airway instability, tracheal surgery or tracheal stenosis		
Cardiovascular disease including hypertension, aneurysms or ischaemic heart disease		
Central nervous system abnormalities, hydrocephalus, intracranial masses or poorly controlled seizure disorder		
Glaucoma or acute globe injury		
Thyroid disorder or porphyria		
Psychosis		
Procedure involving the eyes		
Procedure involving upper airway stimulation including the nose, mouth, palate or pharynx		

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Airway Assessment

L (Look externally (facial trauma, large incisors, beard or moustache, and large tongue)	
E (Evaluate the 3-3-2 Rule(incisor distance <3 fingerbreadths, hyoid/mental distance <3 fingerbreadths, thyroid-to-mouth distance <2 fingerbreadths)	
M (Mallampati Score)	
O (Obstruction (presence of any condition that could cause an obstructed airway)	
N (Neck mobility (limited neck mobility)	

Medication Prescription

Patient's Weight: _____

Initial Intravenous Ketamine dose (1-2mg/kg): _____ mg = _____ ml Given?

Initial Intramuscular Ketamine dose (4mg/kg): _____ mg = _____ ml Given?

Subsequent Intravenous Ketamine dose (0.5mg/kg): _____ mg = _____ ml Given?

Maximum Total Ketamine dose (5mg/kg): _____ mg = _____ ml

Total Ketamine dose given: _____ mg = _____ mg/kg

Complications:

Inadequate sedation

Airway problem Specify _____

Breathing problem Specify _____

Nausea / Vomiting

Agitation / Emergence

Post-discharge

Other Specify _____

EMERGENCY DRUGS	Dose Given
Atropine 10mcg/kg (<i>hypersalivation</i>)	
Midazolam 50-100mcg/kg (<i>reduce distress from dissociative reactions</i>)	
Thiopentone 4mg/kg (<i>For RSI</i>)	
Suxamethonium 2mg/kg (<i>For RSI</i>)	

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DISCHARGE CRITERIA

Patient obtains pre-sedation level of consciousness	YES	NO
Patient exhibits age appropriate motor skills	YES	NO
Patient verbalises appropriately	YES	NO
Proforma completed in full	YES	NO
Adequate carer supervision is available	YES	NO
Patient tolerates oral fluids	YES	NO
Specific Pre-Discharge Instructions (such as X-Ray) have been performed and checked	YES	NO

FEEDBACK

Parental / Carer Feedback: Positive Negative Specify _____

Clinician Feedback: Positive Negative Specify _____

DISCHARGE INSTRUCTIONS

Patient information leaflet **MUST** be given to parent or carers **AND** the contained information discussed verbally **YES** **NO**

Time Ketamine given:

Time of discharge:

Name

Signed