



Calderdale and Huddersfield **NHS**

NHS Foundation Trust

Emergency Department Advice Sheet – Paediatric Ketamine Sedation

## **KETAMINE SEDATION**<sup>i</sup>

### **Patient/Carer Information Leaflet**

This leaflet has been produced to give you general information about your child's treatment. Most of your questions should be answered by this leaflet. It is not intended to replace the discussion between you and your child's clinician but may act as a starting point for discussion.

If after reading it you have any concerns or require further explanation, please discuss this with a member of the healthcare team caring for your child.

#### **Why does my child need sedation?**

Your child may become distressed or have pain when having certain procedure (tests or treatments). Sedation for procedures (procedural sedation) aims to reduce your child's pain and anxiety. The sedation may make your child feel sleepy and relaxed, meaning the procedure can be performed more easily and with less distress for you and your child. Your child may not remember the procedure at all or only remember small amounts only. This is normal.

#### **What does sedation involve?**

In children, ketamine is used for sedation. Ketamine is a medication commonly used in hospitals for sedation in children who require a brief procedure that may be painful or unpleasant. Several large studies have shown that ketamine is the safest and most effective choice of sedative for children who require a short emergency procedure.

Under sedation children can appear awake but they are unaware of their surroundings. They may drool saliva, have watering of the eyes, move a little without an obvious cause, or have twitching movements of the eyes; these are all normal features of Ketamine sedation.

Because they are unaware of their surroundings, they do not feel any pain, and typically do not remember the procedure at all or only remember small parts.

#### **Ketamine sedation safety and side effects**

Ketamine is very safe when used appropriately.

1 in 10 children vomit after receiving ketamine. 1 in 10 children develop a rash. 1 in 10 children will have some eye watering or may drool. 1 in 20 children have some twitching movements.

Fewer than 1 in 100 children will experience a serious side-effect. Rarely, some children will require help with their breathing while sedated. 1 in 500 children may need to be given a general anaesthetic with a breathing tube placed in their windpipe to help their breathing.

Your child may report odd dreams on waking up and may become a little agitated (less than 1 in 5 of children experience this). It is particularly helpful to encourage them to imagine positive things before the injection. This tends to improve if you comfort your child in a quiet area until they are awake fully. A calm manner and distraction with music, bubbles, toys etc. for younger children can also be helpful.

## **Before the procedure**

Ask the doctor/ nurse to explain the procedure to you and to your child. If you do not understand please tell us

Working with you, for you

- Talk to your child about some ways to cope (for example - looking at a book, using their imagination to be in a nice place or blowing bubbles)
- Try not to be too upset or nervous yourself as your child will notice this.

## **During the procedure**

We will make sure your child is in an area of the department that is quiet and where we have enough space to do the procedure and to monitor them closely. This always takes place in the resuscitation area of the Emergency Department - this is a safety precaution. They will be always cared for by a senior doctor and nurse. The doctor and nurse present are experienced and trained in sedation and use of all the equipment. The only interventions that are usually required are some oxygen by facemask or suction to remove excess saliva.

A drip may be inserted, usually into their hand or arm, which allows us to give medicines in to the vein. Occasionally we inject the ketamine into the thigh muscle. We will use a monitor to closely observe their breathing and heart rate.

A parent (or another adult) who knows your child may stay with them and this is usually helpful for your child.

Depending on how deeply sedated your child becomes, they may need reminders of the coping methods you decided upon earlier. This sort of distraction is very helpful.

Giving your child a sense of control with some simple choices is helpful. We can allow them to choose things they may like e.g. music and which finger the oxygen probe may be placed on

It is not helpful to allow your child to decide the exact moment the procedure is going to happen.

Your child may be given anti-sickness medicine via the drip, and we will then make them feel as relaxed as possible before giving them Ketamine, the sedation medicine.

Once the Ketamine has taken effect, we might show you to the parent and carers area where you can wait whilst we do the procedure.

## After the procedure

Do remain with your child. They may not remember where they are or why they are in hospital. Focus on the good things your child did.

You may see them have twitches of the body or eyes, and they may still seem sleepy, quiet or confused. This will improve and settle as they wake up.

The person doing the procedure will tell you if your child is able to go home after they have recovered. For children who can go home we will observe them in the Emergency Department until they are fully awake, can walk unaided and manage to drink without vomiting. Following a period of observation, the child can usually go home after about 90 minutes.

## Is there an alternative?

Your child may already have been given some painkillers, and your presence is comforting. For laceration (wound) repair however, many young children are unable to relax enough to tolerate an injection of local anaesthetic, and then stitching, both of which can be painful. Similarly, manipulation of a broken bone or joint needs more than just painkilling drugs. Ketamine is the best drug if a sedative is to be used.

The alternative is a general anaesthetic. This requires hospital admission, and sometimes an overnight stay. General anaesthesia also carries a small risk of breathing or blood pressure problems.

## After you go home

Children may remain mildly confused, sleepy or clumsy afterwards. They should be closely supervised for the first 8 hours following discharge, and for the next 24 hours should not:

- Get involved in strenuous or sporting activities.
- Use play equipment such as monkey bars, climbing frames, etc.

Let your child sleep. Sometimes children sleep more because of the sedation medicine. This is normal.

Eating a big meal too soon after sedation can make children feel sick or vomit. To minimise the chance of vomiting give your child small amounts of clear fluid such as diluted fruit juice, ice lollies, jelly, clear soup, etc. and wait 2 hours before giving them a meal.

If you have any concerns that your child may be experiencing problems relating to the sedation that they have received, contact the Emergency Department on **01484355690/01422222575** to discuss the issues with a senior doctor or nurse.

## Tell us your views

If you wish to discuss any aspect of your treatment and care, please speak to a senior member of staff or to the nurse looking after you. The matrons are also available during normal working hours and they welcome your views.

## Friends and Family Test

Whatever your experience you can give feedback by answering the Friends & Family test question – *How likely are you to recommend our A&E Department to family and friends if they needed similar care or treatment?*

This can be completed online at <http://surveys.this.nhs.uk> using tag name chftae or by completing the form available within the department.

## **If you have any comments about this leaflet or the service you have received you can contact :**

Manager

Emergency Department

Huddersfield Royal Infirmary

Telephone No: 01484 342396

[www.cht.nhs.uk](http://www.cht.nhs.uk)

or

Calderdale Royal Hospital

Telephone No: Halifax: 01422 222325

[www.cht.nhs.uk](http://www.cht.nhs.uk)

## **If you would like this information in another format or language contact the above.**

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Amennyiben ezt az információt más formátumban vagy nyelven szeretné megkapni, vegye fel a kapcsolatot fenti részlegünkkel.

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

ਰ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਪ੍ਰਾਰੂਪ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

اگر آپ کو یہ معلومات کسی اور فارمیٹ میں درکار ہوں، تو برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں۔