

Paediatrics
Royal Brompton Hospital

Your child's sedation

This leaflet aims to answer your questions about your child having sedation. It explains what sedation is and how this medicine is used during procedures. Please ask a doctor or nurse if you have any questions.

What is sedation?

Sedation is a type of medicine which helps children feel calm and possibly sleepy. This medicine can help children if they are worried or need to stay still for procedures. Sedation does not make children go to sleep. Sedation can be given in different ways – breathed in, taken by mouth, or by nose.

We try to carry out procedures without using sedation when possible. If sedation is needed for a procedure, we always discuss it with parents and carers first.

If children need sedation our play team of qualified health play specialists and play assistants are available to help. They are specially trained to use play to help children cope with any distressing experiences in hospital.

Two important facts about sedation

- Children may not remember having a procedure when sedation is used.
- Sedation is different from a general anaesthetic (where patients are asleep).

Types of sedation

Two types of sedation we commonly use are:

1. **Nitrous oxide gas (Entonox)** – suitable for children around 5 years old and up. Nitrous oxide gas can make children sleepy and provides pain relief. Children breathe the gas in through a mouthpiece. The gas works quickly and wears off quickly.
2. **Midazolam** – suitable for children around the age of 1 and up. Midazolam can make children calm and sleepy but does not provide pain relief. Children may need pain relief as well as midazolam.

Some children may appear to have more energy instead of being relaxed after they have midazolam. If this happens, different medicine may be needed, or a procedure may need to be rescheduled.

We will explain which type of sedation your child will have and answer any questions you may have.

Giving your permission (consent)

We want to involve you and your child in all the decisions about your child's care and treatment.

We may need to ask for your permission (consent) before giving your child a treatment, test or examination. As part of our consent process, we talk to you about your child's treatment. If you would like more information about our consent process, please speak to a member of staff caring for your child.

Fasting (not eating) before sedation

Sedation can make children feel sick or be sick (vomit). Children may have to fast (stop eating) for up to 6 hours before being sedated. This reduces the chance of being sick (vomiting) when sedation is given.

Children can drink water until the time a procedure is scheduled to take place. Staff explain to parents and carers how long children need to fast. It is important not to give children anything to eat or drink (other than water) while they are fasting.

Procedures are delayed or even cancelled if children are given something to eat or drink (other than water) before being sedated.

Before your child has a procedure

A doctor or nurse will assess your child before each procedure. Following the assessment, the doctor or nurse will discuss the type of sedation your child will have for the procedure.

Before each procedure, make sure you tell your doctor or nurse about any allergies or previous problems your child or family members have had with anaesthetics or sedation.

As a parent or carer, you need to give consent (permission) before we give your child sedation. You need to understand the reasons for sedation and the risks involved. If you have any concerns and questions, please ask us.

Please note: a doctor or nurse may need to insert a cannula (a small plastic tube) into one of your child's veins before sedation is given. The cannula is put in place to enable us to give emergency medicine quickly. If your child has a reaction to sedation and becomes too sleepy, for example.

Members of our play team are available to help:

- prepare your child for procedures
- your child understand what will happen
- distract your child's attention while procedures are happening

During a procedure

During a procedure staff check your child's breathing. They use a small device called a pulse oximeter placed on your child's finger or toe. The pulse oximeter measures the oxygen level (oxygen saturation) of blood in the body.

All medical procedures carry some risk. Sometimes there are complications during procedures.

For example, your child may feel sick, become too sleepy and need extra oxygen through a mask or breathing tube. Or sedation may not work properly, and extra medicine or treatment is needed.

Very rarely, your child may breathe sick (vomit) into the lungs (aspiration) while sedated. Staff will treat your child if this happens.

After a procedure

After a procedure, we will monitor your child's heart rate (pulse) and oxygen level until they are fully awake.

Your child may feel drowsy, confused, irritable or be more clumsy than usual after a procedure. This is normal for up to 4 hours after a procedure.

After a procedure, your child will have:

- a pulse oximeter attached to a finger or toe which measures the oxygen level (oxygen saturation) of blood in the body
- a blood pressure cuff placed around an upper arm or lower leg. The cuff is linked to a device that measures blood pressure – the strength with which blood flows around the body.

It is important that your child stays in bed until a doctor or nurse says it is okay to:

- move about
- eat and drink

Before going home it is very important that your child:

- is fully awake
- can walk unaided (if they do usually)
- has something to eat and drink without being sick (vomiting)
- and had a pee

The cannula is then removed. Your child will usually be able to go home around 4 hours after a procedure.

Care at home

When you get home keep a close eye on your child:

- supervise all play and bathing for 24 hours
- do not let your child swim or use play equipment that may cause an accident – bikes or monkey bars, for example.

Get medical help

Phone 111 if your child is:

- sick (vomits) more than twice
- drowsy, dizzy or feels generally unwell

Phone 999 and ask for an ambulance immediately if your child:

- cannot sit or walk (and does usually)
- is having breathing problems
- will not wake up

Contact us

Rose ward

Phone: 0330 12 82411 or 0330 12 82412 (ask to speak to the nurse in charge)

Paediatric bed management team

Phone: 0330 12 82706

Royal Brompton Hospital Medicines Helpline

If you have any questions or concerns about your child's medicines, please speak to the staff caring for them or contact our helpline, Medicines Advisory Service **phone** 0330 12 88901 (Monday to Friday, 9am-5pm)

Was this leaflet useful?

If you have any comments about this information, we'd be happy to hear from you. **email** healthcontent@gstt.nhs.uk

Language and accessible support services

If you need an interpreter or information about your care in a different language or format, please contact the department your appointment is with.

NHS 111

This service offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day, **phone** 111 **web** www.111.nhs.uk

Become a member of the Trust

Members contribute to Guy's and St Thomas' NHS Foundation Trust on a voluntary basis. We count on them for feedback, local knowledge and support. Membership is free and it's up to you how you get involved. To find out more, **phone** 0800 731 0319 **email** members@gstt.nhs.uk or **web** www.guysandstthomas.nhs.uk/membership

Your comments and concerns

For advice, support or to raise a concern about any service or department at Royal Brompton and Harefield hospitals. Contact our Patient Advice and Liaison Service (PALS):

- Royal Brompton Hospital **phone** 020 7349 7715

- Harefield Hospital **phone** 01895 826 572

Or **email** pals@rbht.nhs.uk

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A list of sources is available on request