

Pediatric Procedural Sedation Questions and Answers

1. Which of the following medications provides adequate sedation and analgesia to use as monotherapy?

- A. Propofol
- B. Ketamine
- C. Midazolam
- D. Chloral Hydrate
- E. None of the above

2. True or False:

A Sedation and Analgesia provider can readily determine in advance the precise level of sedation that will occur in any patient following sedative drug administration.

3. Which level of sedation is represented by the following clinical scenario? The patient responds only to intense physical stimulation or loud verbal command, his/her protective airway reflexes may not be maintained and he/she may not independently maintain airway.

- A. Minimal sedation
- B. Moderate Sedation
- C. Deep sedation
- D. General Anesthesia

4. A common side effect of ketamine is:

- A. hypertension
- B. chest wall rigidity
- C. hypotension
- D. bradycardia

5. Your 8 year old, patient required sedation and analgesia for a painful wound dressing change that took 15 minutes to complete. The patient received a total of 5.4 mg of morphine and 4 mg of lorazepam. His RR is now 7 and his O2 sat is 88%. Your best option for initial management would be:

- A. Attempt to provide verbal and tactile stimulation until the medications wear off
- B. Depress the code blue button
- C. Administer naloxone IV and observe the patient
- D. Administer flumazenil IV and observe the patient
- E. Initiate bag and mask ventilatory assistance to improve oxygenation and ventilation.

6. True or False:

A patient requiring serial dressing changes hasn't had a problem with any of his sedation events in the past. It is acceptable to relax the NPO guidelines for his dressing changes, since he has not had an aspiration event with prior sedations.

Answers:

1. Ketamine is the only agent with both sedative and analgesic properties. Propofol, Midazolam and Chloral Hydrate are sedatives.
2. False. The intended level of sedation is just that, intended. There is no way for anyone to absolutely predict the level of sedation achieved.
3. Deep sedation. The patient is clearly in deep sedation as described in the Power Point presentation.
4. Ketamine has hypertension, tachycardia, increased secretions
5. Initiating bag valve mask ventilation with oxygen is the best choice for initial management. It is the most rapid effective means of resuscitating the child who is in early respiratory failure with hypopnea and hypoxia. Other actions B-D are acceptable but will take too long. Action A is not acceptable as a single action, it may be helpful if used with E.
6. False. Every sedation event should be handled as if the patient has never had sedation/analgesia in the past. Patients behave differently on different days. Safety first.