Children's Hospital of Eastern Ontario
Centre hospitalier pour enfants de l'est de l'Ontario

PHYSICIAN ORDERS
FOR
PROCEDURAL SEDATION IN THE EMERGENCY DEPARTMENT

Patient Identification

Weight: _____ kg Height: _____cm Allergies: _____

Initial on all lines applicable

- Give procedural sedation hand-out to parents
- Notify Child Life Specialist

DIET:

- NPO

VITAL SIGNS/MONITORING:

- In preparation for sedation, initiate continuous cardio-respiratory monitoring and end-tidal CO_2monitor
- For Morphine and Midazolam monitor level of consciousness, HR, RR, BP and pain score prior to therapy and Q10min for 30 minutes. Continuous oxygen saturation monitoring for 30 minutes

FLUIDS:

____ IV bolus 0.9% NaCl _____ mL over _____ minutes

____ IV 0.9% NaCl at _____ mL/h

PRE-PROCEDURE MEDICATIONS:

____ **Morphine** _____ mg (0.05 – 0.1 mg/kg/dose, initial MAX 5 mg/dose) IV: may repeat x 1 after 15 minutes then q2-4h PRN

____ **Morphine** _____ mg (0.2 – 0.4 mg/kg/dose, initial MAX 10 mg/dose) PO q4h PRN

____ **Ketorolac** _____ mg (0.5 mg/kg/dose, MAX 15 mg/dose for less than 16 years and 30 mg/dose for greater than or equal to 16 years) IV q6h PRN

____ **Ondansetron (Zofran®)** _____ mg (0.1 mg/kg/dose, MAX 8 mg/dose) IV q6h PRN (MAX of 3 doses/day)

Other:_____

MEDICATIONS FOR PROCEDURAL SEDATION (have available by bedside):

____ **Ketamine** _____ mg (0.5 – 2 mg/kg/dose) IV

____ **Propofol** _____ mg (0.5 mg/kg/dose, Total MAX dose 5 mg/kg) IV

Prepare 10 doses using 10 mL syringes for rapid bolus administration

If contraindications to Ketamine and Propofol:

____ **Midazolam** _____ mg (0.05 – 0.2 mg/kg/dose, MAX 5 mg/dose) IV

____ **FentaNYL** _____ mcg (1 - 3 mcg/kg/dose) IV

(**Do not use narcotics and ketamine concurrently due to increased risk of respiratory adverse events)**

MEDICATIONS FOR MILD SEDATION / ANXIOLYSIS

____ **Midazolam** _____mg (0.3 – 0.5 mg/kg/dose, MAX 10 mg) Intranasal x 1 dose; give 50% in each nostril

To decrease nasal irritation, administer the following 2-3 minutes prior to midazolam:

_____**Lidocaine 4%** 20 mg (0.5 mL) Intranasal x 1 dose; give 50% in each nostril

DISCHARGE:

- Discharge home as per discharge criteria for procedural sedation are met (Form 4771)

_____	_____	_____
PHYSICIAN SIGNATURE	PRINT NAME OF PHYSICIAN	DATE & TIME
_____	_____	_____
NURSE SIGNATURE	PRINT NAME OF NURSE	DATE & TIME