Children's Health Ireland at Crumlin

Risk Assessment & Checklist for Oral Procedural Sedation in CHI at Crumlin

(excluding ED, PICU's, OT)

Full Name: .....
Address: Addressograph
.....
HCR.....
.....

Risk Assessment for Oral Procedural Sedation

Patient Name:	Date of Birth:	HcRN:

Section 1 (Risk assessment) - **to be completed by Medical and Nursing staff**
Sections 2 -5 - to be completed by Nursing staff
If there are any relative contraindications OR if you have concerns about sedating a patient:

- Radiological Imaging, MDU, SDU

patients should be discussed by primary medical team (registrar level or above) with an Anaesthetic Consultant *(names available in Medical and Surgical Day Units)* - Other patients: contact the Anaesthetist on duty Bleep 8528

		At time of booking procedure		On the day of the procedure	
		Yes	No	Yes	No
Contraindications	**Airway abnormality:** *e.g. craniofacial anomalies (Pierre Robin, Treacher Collins). If unsure, discuss with senior member of primary team or anaesthesia.*				
	Increased risk of aspiration: *e.g. delayed gastric emptying or vomiting, bowel obstruction, impaired bulbar reflexes gastro-oesophageal reflux **except** mild reflux or resolved reflux in an otherwise healthy child.*				
	Significant respiratory disease: *e.g. upper airway obstruction, stridor, airway infection, apnoea, exacerbation of asthma, bronchiolitis, on supplemental oxygen, oxygen saturation less than what is appropriate for the patient's condition.*				
	Significant neuromuscular disease/kyphoscoliosis that causes respiratory compromise				
	Significant cardiovascular impairment: *e.g. pulmonary hypertension, cardiomyopathy, hypovolaemia.*				
	***Exception:** Cardiac patients deemed suitable for sedation with choral hydrate by consultant cardiologist.*				
	Abnormal conscious state/risk of raised ICP: *e.g. head injured, meningitis, space occupying lesion*				
	Sickle Cell Disease				
	Acute Systemic Infection *e.g. sepsis*				
	Significant liver disease/liver failure: *e.g. biliary atresia*				
	Prior allergic reaction to sedating agents				
	Prior failed sedation				
	Age less than or equal to 6 months: *(unless for radiological imaging (CT, MRI, Isotope scanning, echocardiography) or for removal of chest drains & pacing wires in CHC)*				
	Age less than or equal to 2 months*: if for removal of chest drains & pacing wires in CHC*				
	Weight < 3kg and age <40 weeks gestation: *if for radiological imaging, echocardiography (chloral hydrate)*				
Relative Contraindications	**Prior adverse event during sedation** *e.g. Over-sedation*				
	Babies for MRI for Hypoxic ischemic encephalopathy (HIE) should be discussed with Anaesthesia Neonates for MRI/CT/Isotope scanning where duration of scan is expected to be prolonged				
	Patient for painless procedure e.g. diagnostic imaging, who are receiving opioids e.g., codeine, morphine, or other sedative agents e.g. phenobarbital. Consider omitting or delaying the dose of opioid or sedative agent				
	Conditions associated with airway abnormalities e.g. Haemangioma of cervico-facial region immunosuppression e.g. post-op transplant, neutropenia				

Risk assessment at time of booking procedure (outpatient) done by **doctor**	*Signature*	*IMN No:*	*Date*
Risk assessment on day of procedure done by doctor or nurse	*Signature*	*IMN No / NMBI No:*	*Date*

Relative contraindications or concerns discussed with:

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Full Name: .....
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Date:	Name:
Time: *24 hour clock*	Date of Birth:
Procedure:	HrCN

This document is not a medication order

Pre-Procedure

Risk Assessment Checked	Yes □
Fasting Times before oral sedative agents **Solids/formula:** 6 hours **Breast feed:** 4 hours **Clear fluid:** 2 hours	Time last given *(24hr clock)* Solids/formula: _____ hours Breast feed: _____ hours Clear fluid: _____ hours
Staff levels: Both nursing and medical staff available for procedure to be carried out, 2 staff one senior	Yes □
Location is suitable and equipment available and in working order: *(Please use in conjunction with Transfer Document)* □ Suction device; suction tubing □ Oxygen available □ Bag valve mask/mask size suitable for all patients □ Monitoring equipment available □ Resuscitation trolley available	Safety Equipment checked as per policy: Yes □
Sedation handout discussed WITH parent/carer	Yes □
Informed written consent	Yes □
Baseline vital signs recorded	Yes □
Sedation Score (baseline)	Yes □
Weight and allergies documented on Medication chart (Kardex)	Yes □
Sedation Agent prescribed on Medication chart (Kardex)	Yes □
'Time out': Both staff involved in the identification process of the patient prior to the procedure • Patient identity is checked by ID band with parent/guardian and HCR • Confirm or mark site if appropriate for procedure that is to be performed	'Time out' completed: Yes □

During the Procedure

Sedation medication(s) given :		
Midazolam □	Chloral Hydrate □ Other (state):	Chloral Hydrate □ Other *(state):*
Sedation effective: Yes □ No □	Comments:	
Additional medication required: Yes □ No □	Comments:	
Vital signs / sedation score documented every 5 minutes (on Obs sheet)	Yes □	

Post Procedure

Sedation Score at end of procedure (see below)	Circle score 0 1 2 3 4 S
Vital Signs recorded at end of procedure	P: RR: O2 Sat: B/P:
Result of sedation	Good □ Average □ Poor □
Side effects or adverse event of sedation	Yes □ No □
Comments	
Sign	

Day Unit

Sedation score on return to Day Unit *(see below)*	Circle score 0 1 2 3 4 S
Deepest sedation score obtained (see below)	
Discharge criteria met: Yes □	Post - sedation care discussed (sedation hand out) Yes □
Sign	

Sedation Score / Quality of Sedation

0 = Awake/alert
1 = Minimally sedated: Tired / sleepy / responds appropriately to verbal conversation and / or sounds
2 = Moderately sedated: Somnolent / sleeping, easily aroused with light tactile stimulation
3 = Deeply sedated: Deep sleep / rousable only with significant physical stimulation.
4 = Unrousable to stimuli
S = Very Anxious, agitated, distressed