

Ketamine Sedation for children

Information for parents and carers



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 has sustained an injury that requires a procedure. Some treatments or procedures can cause pain or distress, especially to children. 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 your child and you. Your child may not remember the procedure at all or only remember small amounts. This is normal.

What does sedation involve?

In children, Ketamine is used for sedation. Ketamine is a sedative and painkilling drug which also results in patients not remembering the procedure. Several large studies have shown that ketamine is the safest and most effective choice of sedative for children who require a short emergency procedure.



Sedation takes place in the resuscitation area. This is a safety precaution. Any sedation can cause breathing or blood pressure problems. This is rare. 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.



During sedation your child will be cared for by a clinician and a nurse and will be monitored closely. Most commonly ketamine will be given as an injection into a vein through a cannula. Occasionally we inject the ketamine into the thigh muscle.

Your child may become very sleepy or they may seem to stay awake. They may become disorientated or confused. Occasionally children vomit with sedation.

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.

Side effects of ketamine

- Your child may move a little without obvious cause. This is normal.
- Your child's eyes may twitch. This is normal.
- Your child may report odd dreams on waking up and may become a little agitated (less than 20% of children experience this). This tends to improve if you comfort your child in a quiet area until they are awake fully.
- One in ten children develops a rash.
- One in ten children will have some eye watering or may drool.
- One in twenty children have some twitching movements.
- Rarely there can be laryngospasm (vocal cords close) this causes noisy breathing due to tightening around the vocal cords. This is normally easily treated. 1 in 500 children require a general anaesthetic to address this.

How can I help my child?

Before the procedure

- Ask the doctor/nurse to explain the procedure to your child and you. If you do not understand please tell us.
- Talk to your child about some ways to cope (for example – looking at a book, blowing bubbles, talking about something nice).
- Try not to be too upset or nervous as your child will notice this.

During the procedure

- A parent (or another adult who knows your child) may stay with them as this can be helpful.
- It is important that the environment is calm and relaxed and your child has minimal stimulation during the procedure
- Depending on how deeply sedated your child becomes they may need reminders of the coping methods you decided on earlier.
- It is not helpful to allow your child to decide the exact moment the procedure is going to happen.

After the procedure

- Remain with your child. They may not remember where they are or why they are in hospital.
- It is important to keep things calm and relaxed whilst your child is coming round from the sedation.
- Focus on the good things your child did.

After you go home

Sometimes the delayed effects of the medicines may make your child confused, sleepy or clumsy. You need to be extra careful in caring for and supervising your child for the next 24 hours.

- Most children recover within 90 minutes. Your child will be safe to go home when they are awake fully, can walk unaided and manage to drink without vomiting. Once they are home they should be supervised closely for the first 8 hours and avoid strenuous play or sporting activity for 24 hours.
- Supervise all playing and bathing for the next 8 hours after getting home. DO NOT let your child swim or use play equipment (bikes, monkey bars, etc.) that might cause an accident for the next 24 hours.
- Sometimes children may feel sick or vomit if they eat a big meal too soon after sedation. 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.
- Let your child sleep. Sometimes children sleep more because of the sedation medicine. This is normal.

If you have any concerns that your child may be experiencing problems relating to the sedation that they have received, please contact the Paediatric Emergency Department on telephone number: **0113 392 5548**

Your child's procedure

The sedation your child received was:

The procedure performed was:

Notes

A series of horizontal dotted lines for writing notes.



What did you think of your care?

Scan the QR code or visit bit.ly/nhsleedsfft

Your views matter



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