

Emergency Department Information Leaflet for Parents or Guardians of Children Sedated Using Ketamine



Part 1 - What treatment is the doctor suggesting?

Your child needs medical treatment (e.g. stitches) which may be painful or distressing for them. In order for this treatment to be carried out with more ease, less pain and less distress for you and your child, the medical team wish to sedate them with a drug called Ketamine.

Sedation is a process of using drugs to make them sleepy, relaxed or in a "trance-like" state. It is normal that they may remember nothing or only small parts of the procedure.

Ketamine is commonly used in hospitals for sedation of children. Ketamine sedation has some special features for you to know:

- A team of a senior doctor and nurse will care for your child throughout the procedure.
- The drug is given either through a drip in a vein or into a muscle in the thigh.
- Your child may seem to be awake after receiving ketamine; this is normal.
- Your child may move a little without obvious cause; this is normal.
- Your child's eyes may twitch; this is normal.
- Your child may have odd dreams on waking up, and may become a little agitated (this occurs in less than 1 in 5 children). This usually improves if you comfort your child until they are fully awake.
- 1 in 10 children develop a rash.
- 1 in 10 children vomit (usually after waking up).
- 1 in 10 children may drool or have watering eyes while sedated.
- Rarely (3 in 1000 children) there can be laryngospasm (closure of the vocal cords) and in 2 in 10,000 children this may require your child to be given a general anaesthetic and a breathing tube placed in their windpipe. The doctors providing the sedation are trained to recognise and deal with any complications that may develop.

Part 2 - How can you help your child?

Please ensure you understand the information in this leaflet and that the doctor or nurse have answered any questions you may have, before anything is done.

Before your child is sedated it is good to reassure them by talking to them calmly and playing with them quietly. Please note that it is not usually helpful to allow your child to dictate the exact moment the procedure will happen.

There may be instances when we ask you to bring your child back to have the procedure done at a later date or time. If this is the case please ensure that they have nothing to eat from 4 hours and drink from 2 hours before the time we have asked you to return.

You (or another adult whom the child knows) may stay with them through the procedure. The medical team may ask you to talk to your child during the procedure to provide comfort.

Following the procedure we encourage you to stay with your child as they "wake up" so that they can recognise a familiar face. When they are awake focus on the good things they did and praise them for their behaviour.

Part 3 - After you go Home

Most children fully recover ("wake up") within 90 minutes, but can sometimes take a little longer. Your child will be safe to go home when they are fully awake, can walk without help (if they are old enough to walk) and is drinking without any vomiting.

Your child may be a bit confused, sleepy or clumsy after sedation so you need to be watchful for the next 24 hours. They should avoid any activities like riding bikes, sports or other active play. Ensure they are supervised while bathing.

Clear fluids (but not fizzy or sugary drinks) should be encouraged. Wait until they have been home for at least 2 hours before allowing them to eat, and then only provide light meals until the following day.

At night your child may sleep as normal, but may be more tired than normal.

If you have any concerns please contact the Emergency Department on this number:

ROYAL OLDHAM HOSPITAL EMERGENCY DEPARTMENT

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