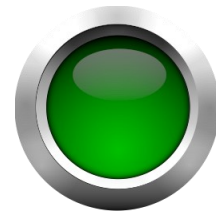


# Procedural sedation SOP

QPI

Further reading

ESA sedation guidelines 2018  
AoMRC Safe sedation 2013



## Related SOPs

Prehospital emergency anaesthesia SOP

Ketamine SOP

Midazolam SOP

## Definition

Administration of medications for short-term sedation/dissociation, to induce a state where the patient will tolerate painful procedures (eg. extrication, fracture reduction) whilst maintaining their cardio-respiratory function.

### All patients undergoing procedural sedation should have:

- Venous or intraosseous access\*
- Full monitoring (ECG, BP, HR, Oxygen sats) and a printout for the PRF
- Titrated oxygen to maintain saturation 94-99%
- Non-invasive capnography

\* On rare occasions, acute control of a cerebrally agitated patient may require the administration of intramuscular doses. Vascular access should then be obtained at the earliest opportunity.

# Procedural sedation SOP

## KETAMINE

Ketamine is the most frequently used agent for prehospital procedural sedation due to its efficacy and favourable safety profile.

IV/IO	→	0.5mg/kg (consider divided doses in frail/compromised))
Intranasal	→	2mg/kg
Intramuscular	→	4mg/kg

Repeated divided doses may be necessary for more protracted cases.

Co-administration of midazolam (0.02mg/kg) may reduce the incidence of unpleasant dysphoric effects, but will prolong recovery time. It should be considered on a case by case basis.

GNAAS clinicians will usually accompany patients to hospital if they have administered ketamine, unless the patient has made a full recovery to GCS 15, in which case they may be left in the care of a paramedic crew.

## Other agents

In compliant patients, short-acting opioids such as **fentanyl** in combination with **entonox** can provide excellent sedation for very short procedures such as reduction/splinting of isolated limb fractures. Note that entonox is no longer carried by GNAAS.

**Midazolam** alone (0.01-0.05mg/Kg, repeated as required) is often the agent of choice in patients with acute behavioural disturbance/excited delirium, although recent studies have also confirmed the safety of ketamine in this setting.

**Nasal diamorphine** is an excellent analgesic in young children and has some mild sedative properties which will usually permit fracture splinting.

## Post-ROSC sedation

For post-ROSC patients who require sedation to permit optimal clinical care (eg. to tolerate an airway device or for safe transportation), drug choice and dosage should be tailored to their physiology.