



# Procedural Sedation & EMR 2016

Melbourne  
Children's  
A world leader  
in child and  
adolescent  
health





# Procedural Support Plan

**Chart Review**

- IP Summary
- Results Review
- Work List
- Flowsheets
- VICTOR
- Fluid Balance
- MAR
- Notes
- Patient Story
- Education
- Orders
- Chronic Pain P...
- ADT Navigators
- Sedation Docu...
- Pain / Procedu...**

**PAIN / PROCEDURAL SUPPORT PLAN**

- Created
- General
- Procedures
- Deactivation
- Report
- BestPractice

**Pain / Procedural Support Plan - Created/Updated**  
No data filed

**Pain / Procedural Support Plan - General**  
No data filed

**Pain / Procedural Support Plan - Specific Procedure**

- Pain / Procedural Support Plan - Injection/Cannula/Isuffr**  
No data filed
- Pain / Procedural Support Plan - Blood Tests**  
No data filed
- Pain / Procedural Support Plan - Nasogastric Insertion**  
No data filed
- Pain / Procedural Support Plan - Dressing Change**  
No data filed
- Pain / Procedural Support Plan - Port Access**  
No data filed
- Pain / Procedural Support Plan - GA Induction**  
No data filed
- Pain / Procedural Support Plan - Diagnostic Imaging**  
No data filed
- Pain / Procedural Support Plan - Other Procedure**  
No data filed

**Pain / Procedural Support Plan - Deactivated**  
No data filed

**Pain / Procedural Support Plan Report**

1 2 3

## Procedural Support Check list



Procedure Type	<input type="checkbox"/> Intramuscular injection <input type="checkbox"/> Subcutaneous injection <input type="checkbox"/> Venipuncture <input type="checkbox"/> IV cannula insertion <input type="checkbox"/> Finger prick <input type="checkbox"/> Heel prick <input type="checkbox"/> Port access <input type="checkbox"/> Dressing change <input type="checkbox"/> NG Tube insertion <input type="checkbox"/> NG dressing change <input type="checkbox"/> GA Induction <input type="checkbox"/> Diagnostic Imaging _____ <input type="checkbox"/> Other _____
Developmental Considerations	<input type="checkbox"/> Developmental delay _____ <input type="checkbox"/> Special needs _____ <input type="checkbox"/> Sensory needs _____ <b>If yes to any developmental considerations, consider consultation with Educational Play Therapy or Comfort Kids CNC</b>
Communication	<b>Who is to communicate the procedure:</b> <input type="checkbox"/> Have my parent tell me I need a procedure <input type="checkbox"/> I don't mind who tells me I need a procedure <b>How the procedure should be explained</b> <input type="checkbox"/> Show me the procedure on a teddy/doll <input type="checkbox"/> Use pictures to show me the procedure <input type="checkbox"/> Visual schedule _____ <input type="checkbox"/> Other _____ <b>What procedural information is required:</b> <input type="checkbox"/> Tell me close to the procedure time <input type="checkbox"/> Tell me in advance <input type="checkbox"/> Provide me with minimal procedural detail <input type="checkbox"/> Provide me with detailed information about the procedure <input type="checkbox"/> Outline the steps of the procedure as it's happening <input type="checkbox"/> During the procedure ensure there is minimal procedural talk <input type="checkbox"/> Do not explain the procedure to me at all
Environment & Preparation	<input type="checkbox"/> Set up the equipment before I enter the room <input type="checkbox"/> Use treatment room <input type="checkbox"/> One person talking at a time <input type="checkbox"/> Dim lights if possible <input type="checkbox"/> Caregiver present <input type="checkbox"/> Caregiver not required <input type="checkbox"/> Mask preparation required (specify) _____ <input type="checkbox"/> Other (specify) _____
Pain Management	Totical anaesthesia

# Sedation Narrator/Documentation




1

2

3

4

## Record of Sedation now SN EMR Checklists

Locate in **More** – click  to add to side bar - **Open & Resize**  
**Accept Sedation Documentation Start**  
**Don't file END** until summary complete  
**Start & End Bookend** the Sedation Narrator



# Sedation Narrator - Pre-Sedation



**1**

The time filed for device data may appear out of chronological order. Please look to the 'Device Time' in the data to see the correct time.

**2**

**Checklists** appear in **Left** panel of SN as Active Alerts  
**Mandatory** to complete **Pre-Sedation Checklist** prior  
Show **Row Info, Last filed & All choices** for PSWA Procedure tips for:  
Exclusion Criteria, Risk Assessment, Consultation  
Fasting, Staffing, Equipment, Consent & Preparation of Child

# Sedation Narrator - Panels



Views Event Log, Patient Summary and Orders

Event Log = Checklists & Observations

Orders = IP Procedural Sedation Order Set

Patient Summary = IP Summary



# IP Procedural Sedation order set

## DR 2 Order

### Procedural Sedation Agent

Chloral  
Midazolam  
Nitrous oxide  
Fentanyl

### Adjuncts

Topical LA's (Emla, AnGEL)  
Sucrose

### Procedural Support

EPT Referral  
PSWA Procedure & CPG's

### Activates Nursing order

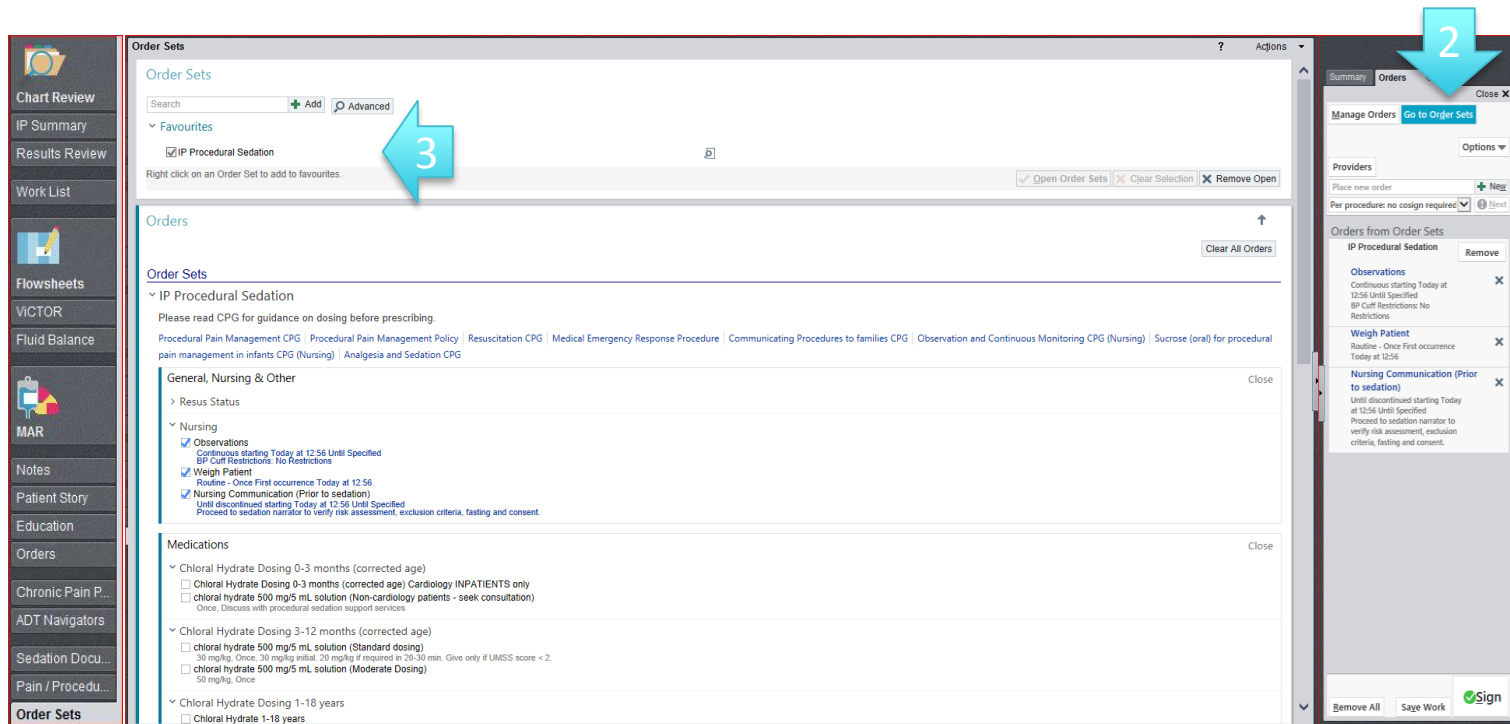
Sedation Narrator  
Observations & Weight



The screenshot displays a 'Medications' section within an 'Order Sets' interface. The left sidebar contains navigation options: Chart Review, IP Summary, Results Review, Work List, Flowsheets, VICTOR, Fluid Balance, MAR, Notes, Patient Story, Education, Orders, Chronic Pain P..., ADT Navigators, Sedation Docu..., Pain / Procedu..., and Order Sets. The main content area lists several medication categories with checkboxes and dosing instructions:

- Chloral Hydrate Dosing 0-3 months (corrected age)**
  - Chloral Hydrate Dosing 0-3 months (corrected age) Cardiology INPATIENTS only
  - chloral hydrate 500 mg/5 mL solution (Non-cardiology patients - seek consultation) Once, Discuss with procedural sedation support services
- Chloral Hydrate Dosing 3-12 months (corrected age)**
  - chloral hydrate 500 mg/5 mL solution (Standard dosing) 30 mg/kg, Once, 30 mg/kg initial, 20 mg/kg if required in 20-30 min. Give only if UMSS score < 2.
  - chloral hydrate 500 mg/5 mL solution (Moderate Dosing) 50 mg/kg, Once
- Chloral Hydrate Dosing 1-18 years**
  - Chloral Hydrate 1-18 years
- Chloral Hydrate Dosing 3-36 months (OUTPATIENTS - Cardiology and Medical Imaging)**
  - Chloral Hydrate 3-36 months (OUTPATIENTS - Cardiology and Medical Imaging)
- Recommend < 4 months corrected age: attempt feed & wrap if appropriate for procedure**
  - Chloral Hydrate 3-36 months (OUTPATIENTS - Cardiology and Medical Imaging)
- Oral Midazolam**
  - midazolam injection (>4 months pre-nitrous) 0.3 mg/kg, Oral, Once, Tastes bitter and acidic, administer with sweet solution.
  - midazolam injection (>4 months standard) 0.5 mg/kg, Oral, Once, Tastes bitter and acidic, administer with sweet solution.
- Buccal Midazolam**
  - midazolam injection 0.3-0.5 mg/kg, Buccal, Once, Tastes bitter and acidic, administer with sweet solution.
- Intranasal Midazolam**
  - midazolam 5 mg/mL solution - pre-nitrous 0.2 mg/kg, Nasal, Once
  - midazolam 5 mg/mL solution - standard 0.4 mg/kg
- Intravenous Midazolam**
  - If patient is >6 months and <12 months, give 1 mL bolus and repeat at intervals of no less than 5 minutes to achieve or maintain anxiolysis.
  - If patient is >12 months, give 1-2 mL bolus and repeat at intervals of no less than 3 minutes to achieve or maintain anxiolysis.
  - Intermittent midazolam with flumazenil (for patients <50 kg)
  - Intermittent midazolam with flumazenil (for patients >=50 kg)
- Intranasal Fentanyl**
  - Intranasal Fentanyl (7-10 kg)
  - Intranasal Fentanyl (> 10 kg)
  - Naloxone
- Nitrous Oxide**
  - nitrous oxide gas Ward and ambulatory areas: maintain UMSS score <= 2 Critical care areas: maintain UMSS score <= 3
- Sucrose**
  - sucrose 33% oral solution 0.5-2 mL, for 3 doses, Give 2 min before procedure. Maximum of 5 mL per procedure.
- Local Anaesthetics**
  - lidocaine-prilocaine (EMLA) cream

# IP Procedural Sedation order set



The screenshot shows the 'Order Sets' interface. On the left is a navigation panel with 'Order Sets' highlighted. The main area displays the 'IP Procedural Sedation' order set details, including sections for 'General, Nursing & Other' and 'Medications'. On the right is a 'Manage Orders' panel with a 'Go to Order Sets' button. Three blue callout boxes with numbers 1, 2, and 3 point to the 'Order Sets' menu item, the 'Go to Order Sets' button, and the 'IP Procedural Sedation' order set name, respectively.

1

- Order Sets = Select from L panel
- Go to order sets = Select from R panel
- Search order sets = **IP Procedural Sedation**
- Favourites = R click to add
- Open Order sets = centre panel
- Select Medication & Sign





# Sedation Narrator Intra & Post-Sedation Checklists

The screenshot displays the Sedation Documentation software interface. The left sidebar contains navigation options such as 'Chart Review', 'IP Summary', 'Results Review', 'Flowcharts', 'VICTOR', 'Fluid Balance', 'MAR', 'Notes', 'Patient Story', 'Education', 'Orders', 'Chronic Pain P.', 'ADT Navigators', and 'Sedation Docu...'. The main area is divided into three sections: 'Alerts (3)' showing 'Active' alerts for 'Intra-Sedation Checklist Incomplete', 'Post-Sedation Checklist Incomplete', and 'Procedural Sedation Summary Incomplete'; 'QuickBar' with fields for 'Pulse', 'Resp', 'SpO2', 'BP', and 'Level of Sedation' (0-4); and a 'Table' with columns 'Time', 'Event', 'Details', and 'User'. The table shows events for 'Pre-Sedation Checklist' and 'Sedation Documentation Start' at 12:56 and 12:55. A blue arrow points to the 'Alerts' section, and another blue arrow points to the 'QuickBar' section.

Intra-Sedation Checklist Time out/ Pt Identification & Continuous monitoring  
Observations/ UMSS captured in QuickBar File  
Document if UMSS 2 – 5 minutely & use Notes N20 % / Talking  
Post-Sedation Checklist Line of sight provided / O2 given/ Return to Baseline  
Is Patient Safe to Discharge/ Transfer ?



# Sedation Narrator Intra-Sedation



**Sedation Documentation**

Refresh Data Validate

Expand All Collapse All

There are no active alerts

**MAR (17)**

- Edit MAR Note
- Review Blood Orders
- Blood Admin
- Transfuse Platelets (mL), 180 mL (1 of 1 released)
- Transfuse Platelets (mL), 180 mL Unit: 25 32349-13312 Intravenous Last Action at 10/5 18:37: New Bag Transfusion Documentation

**Infusions**

- morphine (DBL) 0.5 mg/kg = 9.3 mg in sodium chloride 0.9% 50 mL infusion
- Documentation is overdue 0-20 mcg/kg/hr - Intravenous Last Action at 11/5 11:23: Rate/Dose Verify Admin Instructions
- sodium chloride 0.9% IV infusion 5 mL/hr - Intravenous Last Action at 11/5 00:32: Rate/Dose Verify

**PRN**

- morphine bolus from infusion 2 mL - Intravenous Last Action at 11/5 13:06: Given Admin Instructions
- naloxone injection 18.6 mcg 1 mcg/kg - Intravenous Admin Instructions
- naloxone injection 37.2 mcg 2 mcg/kg - Intravenous Admin Instructions
- naloxone injection 186 mcg 10 mcg/kg - Intravenous Admin Instructions
- ondansetron 4 mg/2 mL injection 1.86 mg 0.1 mg/kg - Intravenous Last Action at 9/5 15:53: Given
- ondansetron disintegrating tablet 3 mg 0.15 mg/kg - Oral Last Action at 9/5 15:53: See Alternative Admin Instructions

**Event Log** Patient Summary Orders

The time filed for device data may appear out of chronological order. Please look to the 'Device Time' in the data to see the correct time.

QuickBar

Pulse [ ] File

Resp [ ]

SpO2 [ ]

BP [ ]

University of Michigan Sedation Score (UMSS) 0=awake/alert 1=minimal sedation 2=moderate sedation 3=deep sedation 4=unrousable

Show: Deleted Orders Status Changes Flowsheets/Assessments Medication Admins LDA Preview Device Data

University of Michigan Sedation Score (UMSS) - University of Michigan Sedation Score (UMSS): awake/alert

Time	Event	Category	Value
12:46	Obs Reassessment	Observations Timer - Restart Observations Timer: Yes	ND
12:45	Obs Reassessment	Observations Timer - Restart Observations Timer: Yes	KA
12:45	Observations	Observations - SpO2: 97 % (Device Time: 12:45:45)	KA
12:35	morphine bolus from infusion Given	Oxygen Therapy - SpO2: 97 % (Device Time: 12:45:45)	ND
12:34	QuickBar	Dose: 2 mL Route: Intravenous Line: Peripheral IV (Pead) 06/05/16	ND
12:34	Obs Reassessment	Sedation Quickbar - Pulse: 126 Resp: 30 SpO2: 98 % BP: 102/62 Level of Sedation: Awake and alert	ND
12:33	Orders Modified	Observations Timer - Restart Observations Timer: Yes	ND
12:16	Orders Discontinued	flumazenil 500 mcg in sodium chloride 0.9% 20 mL Comment: (Modified during verification from flumazenil 500 mcg in sodium chloride 0.9% 20 mL)	MR
12:00	Other Flowsheet Documentation	paracetamol 240 mg/5 mL suspension 278.4 mg	SK
12:00	Other Flowsheet Documentation	Reason: Other Comment: Morphine administered instead	KA
12:00	QuickBar	Other flowsheet entries - Respiratory Distress: Nil Level of Consciousness (AVPU): Alert	BM
12:00	Obs Reassessment	Sedation Quickbar - Resp: 28 SpO2: 98 % Level of Sedation: Awake and alert	BM
12:00	Observations	Observations Timer - Restart Observations Timer: Yes	BM
11:53	Home Medication Reviewed	Observations - Resp: 28 SpO2: 98 %	BM
11:47	Pre-Sedation Checklist	Oxygen Therapy - SpO2: 98 % O2 Delivery Device: RA	SS
11:46	Sedation Documentation Start	Sedation Risk Assessment - Patients Receiving Opioids and/or Sedative Agents: Yes (10mcg/kg/hr Morphine IV UMSS 0) Prior Adverse Event and/or Allergic Reaction to a Sedation Agent: N/A Acute Illness - Respiratory: Yes (wet cough no secretion 2 days.) Acute Illness - Surgery: Yes (stable post op cardiac) Pregnancy: N/A Significant Cardiovascular Disease: Yes (known) Significant Respiratory Disease: N/A Significant Renal Disease: N/A Acute Systemic Infection: N/A Anomalous Conscious State / Risk of Raised ICP: N/A Significant Risk of Delayed Gastric Emptying or Vomiting or Secretion: N/A NITROUS ONLY: Patient with Sickle Cell Disease / Immunosuppression: N/A Pre-Sedation Checklist - Patient ID: Yes Falls Assessment Completed: Yes Fasted from (Date): 11/05/16 Fasted from (Hours): 07:30 Adequate Staffing Available: Accredited Risk Assessment Completed: Yes Informed Consent Obtained for the Sedation Agent including Indications and Side Effects: Yes Inform Staff, Parents and Carer of the Possible Risk of Nitrous Oxide in Pregnancy: N/A Pain Relief Administered: Yes (bolus to be given and check umss) Topical / Local Anaesthetic Administered: N/A Non-Pharmacological Options Discussed with Family: Yes Current General Health: Healthy Emergency Equipment Checked and Functional: Yes Nitrous Oxide Unit Checked: N/A	BM
11:46	Orders Acknowledged	New - paracetamol 250 mg/5 mL suspension 280 mg	BM


Sedation Events

- Sedation Documentation Start
- Sedation Documentation End
- Pre-Sedation
- Pre-Sedation Checklist
- Intra-Sedation
- Intra-Sedation Checklist
- Observations
- Primary Assessment
- Fluid Balance
- Neurological - Simple
- Pain Assessment
- Quick Update
- Post-Sedation
- Post-Sedation Checklist
- Procedural Sedation Summary
- IVs
- Airways, Tubes & Drains
- Wounds
- Procedures
- Blood Administration
- General
- Mental Health
- ED Obs

Document 5 minutely UMSS & Observations if UMSS > 1

Use Notes to make comments **UMSS 2** N20 @ 60% weaned to 40% or **Patient vomit** FM02

Don't forget to File your data

Use **Intra-Sedation**  **Buttons** for additional information - Right panel

# Sedation Summary & END



**Sedation Documentation**

Refresh Data Validate

Expand All Collapse All

Alerts (3)

- Active
- Intra-Sedation Checklist Incomplete 0h 07m
- Post-Sedation Checklist Incomplete 0h 07m
- Procedural Sedation Summary Incomplete 0h 07m

QuickBar

Pulse [ ] [ ] [ ] [ ] File

Resp [ ] [ ] [ ] [ ]

SpO2 [ ] [ ] [ ] [ ]

BP [ ] [ ] [ ] [ ]

Level of Sedation

0=Awake and alert 1=Minimally sedated 2=Moderately sedated

3=Deep sedation 4=Unrousable

Show: Deleted Status Changes Orders Flowsheets/Assessments

Time	Event	Details	User
12:56	Pre-Sedation Checklist	Sedation Exclusion Criteria - Deteriorating Child (Physiological Limits Outside MET Criteria as per VICTOR): No Nitrous Oxide - Age Less Than 2 Years of Age: N/A Severe Pulmonary Hypertension Associated with Limited Exercise Tolerance: N/A Gas Filled Space: N/A Respiratory Illness or Infection: No (?myasthenia gravis) Sedation Risk Assessment - Patients Already Receiving Concurrent Opioids or Sedative Agents?: N/A Prior Adverse Event and/or Allergic Reaction to a Sedation Agent: N/A Acute Illness - Respiratory: N/A Acute Illness - Surgery: N/A Pregnancy: N/A Significant Cardiovascular Disease: N/A Significant Respiratory Disease: N/A Significant Renal Disease: N/A Acute Systemic Infection: N/A Abnormal Conscious State / Risk of Raised ICP: N/A Significant Risk of Delayed Gastric Emptying or Vomiting or Secretion: N/A NITROUS ONLY: Patient with Sickle Cell Disease / Immunosuppression: N/A	KD
12:55	Pre-Sedation Checklist	Sedation Exclusion Criteria - Deteriorating Child (Physiological Limits Outside MET Criteria as per VICTOR): No Nitrous Oxide - Age Less Than 2 Years of Age: N/A Severe Pulmonary Hypertension Associated with Limited Exercise Tolerance: N/A Gas Filled Space: N/A Respiratory Illness or Infection: No (?myasthenia gravis) Pre-Sedation Checklist - Patient ID: Yes Falls Assessment Completed: Yes Fasted from (Date): 16/06/16 Fasted from (Hours): 12:30 Adequate Staffing Available: Accredited Risk Assessment Completed: Yes Informed Consent Obtained for the Sedation Agent including Indications and Side Effects: Yes Inform Staff, Parents and Carer of the Possible Risk of Nitrous Oxide in Pregnancy: N/A Pain Relief Administered: N/A Topical / Local Anaesthetic Administered: N/A Non-Pharmacological Options Discussed with Family: Yes Current General Health, Healthy Emergency Equipment Checked and Functional: Yes Nitrous Oxide Unit Checked: Yes	KD
12:55	Sedation Documentation Start		KD

Specimen Collection/Tasks (2)

- Complete Nerve Conduction / Electromyography 15/06 17:46
- Collect Venous Blood Gas and print requisition 16/06 12:55

Existing LDAs/Wounds (1)

- Peripheral IV (Paed) 15/06/16 Left Antecubital

Procedural Sedation Summary – was this a Successful event or Not - AE's

Procedure attempts/ Sedation agent/ Analgesia ( includes LA) / Adjuncts (sucrose/ lip smacker)

Non Pharmacological Procedural Support (EPT CF CKP & Coping strategy used)

FILE End Bookend the event & SN complete



# Sedation Timeline



Time	Event	User
15:23:22	Sedation Documentation End	Sharon Trevorrow, Registered Nurse
15:11:45	Summary of Procedural Sedation Procedural Sedation Summary - Procedure: <b>Other (Comment) (Laser to right cheek)</b> ; Procedure Attempts: <b>1</b> ; Procedure Outcome: <b>Successful (parents say although child cried, it was only quick and she settled very quickly afterwards. "Much better than theatre were she cried for 20 mins")</b> ; Consultation for this Event: <b>Comfort Kids Program (p7933)</b> ; Comfort Kids Program Advice: <b>EMR</b> ; Sedation: <b>Yes</b> ; Analgesic: <b>Yes</b> ; Adjuncts: <b>Yes</b> ; Side Effects / Adverse Events: <b>No</b> ; Non Pharmacological Techniques Used: <b>Yes</b> ; Pharmacological Summary - Sedative Agent: <b>Other (Comment) (Fentanyl IN)</b> ; Deepest Level of Sedation: <b>1</b> ; Topical Local Anaesthetic / Numbing : <b>Angel</b> ; Refused Topical Local Anaesthetic: <b>No</b> ; Non Pharmacological Techniques Used? - Preparation: <b>Carer or parental present</b> ; Coping Techniques Used: <b>Positioning for comfort</b> ; Positioning for Comfort: <b>Sat on caregiver's lap</b> ; Pain Management Support: <b>Ice</b>	Sharon Trevorrow, Registered Nurse
15:10:52	Post-Sedation Checklist Post Sedation Checklist - Line of Sight Provided and Observation and Sedation Score Documented 5-Minutely: <b>Yes</b> ; Nitrous Oxide: 100% Oxygen Given for 3-5 Minutes at the End of the Procedure: <b>N/A</b> ; Nitrous Oxide: Patient Oxygen Saturation Re-Assessed in Baseline FIO2 (eg Room Air): <b>N/A</b> ; Patient Returned to Baseline Sedation Score (UMSS) and Observations: <b>Yes</b> ; If Falls Score 3 or Greater, Complete a High Risk Management Plan: <b>N/A</b> ; Satisfactory Travel Arrangements and Supervision of Patient Confirmed: <b>Yes</b>	Sharon Trevorrow, Registered Nurse
15:10:31	Intra-Sedation Checklist Intra Sedation - Time Out or Positive Patient Identification: <b>Yes</b>	Sharon Trevorrow, Registered Nurse
15:09:19	Discharge Orders Placed Follow Up Appointment - Dermatology	David Orchard, Consultant
15:05:00	Medication Given fentanyl intranasal solution 22.5 mcg - Dose: <b>22.5 mcg</b> ; Route: <b>Intranasal</b> ; Scheduled Time: <b>15:00</b>	Sharon Trevorrow, Registered Nurse
14:52:12	Orders Placed fentanyl intranasal solution 22.5 mcg ; fentanyl intranasal solution 12.5-22.5 mcg	David Orchard, Consultant
14:52:11	Orders Placed Observations ; Nursing Communication (Prior to sedation)	David Orchard, Consultant
14:51:28	Pre Sedation Checklists Sedation Exclusion Criteria - Deteriorating Child (Physiological Limits Outside MET Criteria as per VICTOR): <b>No</b> ; Nitrous Oxide - Age Less Than 2 Years of Age: <b>N/A</b> ; Severe Pulmonary Hypertension Associated with Limited Exercise Tolerance: <b>N/A</b> ; Gas Filled Space: <b>N/A</b> ; Respiratory Illness or Infection: <b>No</b> ; IV Sedation - Midazolam Only - Age Less Than 6 Months (Corrected Age): <b>N/A</b> ; Ketamine or Propofol: <b>N/A</b> ; Oral Sedation - Significant Liver Disease / Liver Failure : <b>N/A</b> ; Sedation Risk Assessment - Patients Already Receiving Concurrent Opioids or Sedative Agents?: <b>N/A</b> ; Prior Adverse Event and/or Allergic Reaction to a Sedation Agent: <b>N/A</b> ; Acute Illness - Respiratory: <b>N/A</b> ; Acute Illness - Surgery: <b>N/A</b> ; Pregnancy: <b>N/A</b> ; Significant Cardiovascular Disease: <b>N/A</b> ; Significant Respiratory Disease: <b>N/A</b> ; Significant Renal Disease: <b>N/A</b> ; Acute Systemic Infection: <b>N/A</b> ; Abnormal Conscious State / Risk of Raised ICP: <b>N/A</b> ; Significant Risk of Delayed Gastric Emptying or Vomiting or Secretion: <b>N/A</b> ; NITROUS ONLY: Patient with Sickle Cell Disease / Immunosuppression: <b>N/A</b> ; Pre-Sedation Checklist - Patient ID: <b>Yes</b> ; Falls Assessment Completed: <b>N/A</b> ; Fasted from (Date): <b>09/11/16</b> ; Fasted from (Hours): <b>11:30</b> ; Adequate Staffing Available: <b>Competent</b> ; Risk Assessment Completed: <b>Yes</b> ; Informed Consent Obtained for the Sedation Agent Including Indications and Side Effects: <b>Yes</b> ; Inform Staff, Parents and Carer of the Possible Risk of Nitrous Oxide in Pregnancy: <b>Yes</b> ; Topical / Local Anaesthetic Administered: <b>Yes</b> ; Non-Pharmacological Options Discussed with Family: <b>Yes</b> ; Current General Health: <b>Healthy</b> ; Emergency Equipment Checked and Functional: <b>Yes</b> ; Nitrous Oxide Unit Checked: <b>Yes</b>	Kate Schurmann, Registered Nurse
14:51:00	Sedation Quickbar Sedation Quickbar - Pulse: <b>98</b> ; SpO2: <b>98 %</b> ; Level of Sedation: <b>Awake and alert</b>	Kate Schurmann, Registered Nurse
14:50:00	Growth Data Weight - Weight: <b>15.6 kg</b>	Kate Schurmann, Registered Nurse
14:30:44	Sedation Documentation Start	Kate Schurmann, Registered Nurse

Sedation Timeline allows review of previous sedation events

Go to IP Summary Left panel

If in outpatients this is linked to the encounter (last visit)

Add to Sedation Timeline to your IP Summary toolbar using  Right top right



# CKP CNC Team



## Kate Austin CNC F/T

CKP Lead

Procedural Sedation

Consultation & education

## Karin Plummer CNC P/T

CKP Research lead

Foundations of PPM education

Clinical Procedural Support with EPT

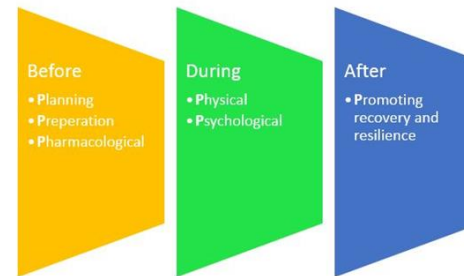
### Procedural pain assessment and management

#### **Introduction to the key principles of procedural pain management**

There are 6 essential elements of procedural pain management that have been demonstrated to reduce pain and distress associated with medical procedures:

1. Planning
2. Preparation
3. Pharmacological
4. Physical
5. Psychological
6. Promoting recovery and resilience

Optimal procedural pain management maintains the comfort of the child during the 3 distinct phases of a medical procedure: (1) before, (2) during and (3) after the medical procedure. The essential elements can be applied to the continuum of the medical procedure with each stage requiring differing priorities to ensure the ongoing comfort of the child. Adherence to these key principles at each stage of the medical procedure will enhance the success of a procedural pain management plan.

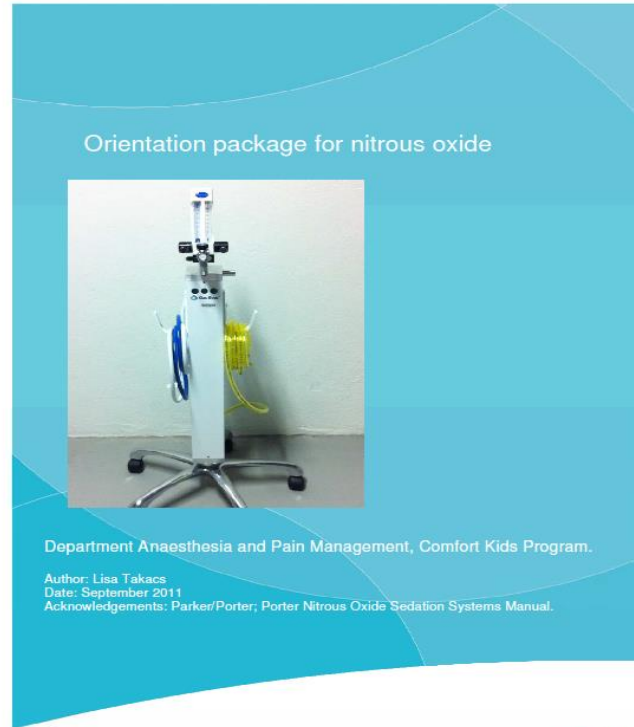


*For more information on each phase of procedural pain management, please click the hyperlinks.*

# CKP PPM Resources



Coolsense  
Distraction  
Buzzy Bee  
N2O equipment  
Clinical support



# CKP Education 2016



Stage	Procedural Sedation	Foundations of Procedural Pain Management (PPM)
1	<p>Principles of Procedural Sedation (45mins) KA</p> <ul style="list-style-type: none"> <li>• Introduction to Procedural Sedation for Ward and Ambulatory areas (Procedure)</li> <li>• <u>EMR Sedation narrator / Procedural sedation order sets</u></li> </ul>	<p>What is pain? (30 mins) KP</p> <ul style="list-style-type: none"> <li>• Rationale for multimodal approaches to PPM</li> <li>• Enablers and barriers to procedural PPM</li> </ul>
2	<p>Nitrous oxide (45- 60mins) KA</p> <ul style="list-style-type: none"> <li>• Theory - Introduction to Nitrous oxide(30-45 mins)</li> <li>• Skill - Clinical facilitation of Nitrous oxide (45mins)</li> <li>• Skill - Partnering in accreditation – supervision of Nitrous oxide delivery with KA (60min)</li> </ul>	<p>Introduction to procedural pain management (45 mins) KP</p> <ul style="list-style-type: none"> <li>• The 5 essential elements of PPM</li> </ul>
3	<p>Procedural Analgesia and Adjuncts (30mins)</p> <ul style="list-style-type: none"> <li>• Introduction to Intranasal Fentanyl (30min) KA</li> <li>• Local anaesthesia and adjuncts (30min) KP/ KA</li> </ul>	<p>Procedural coaching for children and their families (30-45 mins ) <u>EPT</u></p> <ul style="list-style-type: none"> <li>• Communicating with children and their families about medical procedures</li> <li>• Coping and distraction coaching</li> <li>• Visual schedules</li> <li>• Advocacy – one voice</li> </ul>
4	<p>Incremental IV Midazolam (30-60 mins) KA</p> <ul style="list-style-type: none"> <li>• Theory - Introduction to IV Midazolam (30min)</li> <li>• Skill - Partnering in accreditation – supervision of IV Midazolam administration with KA (60min)</li> </ul>	<p>Be sweet to babies (30 mins) KP/ KA</p> <ul style="list-style-type: none"> <li>• Pharmacological: use of local anaesthesia, sucrose, sedation</li> <li>• Non-pharmacological: kangaroo care, touch etc</li> </ul>
5	<p>Procedural Sedation Trainer Program - KA <u>TBA Sept (for existing and new nurse trainers)</u></p> <ul style="list-style-type: none"> <li>• Procedural sedation agents</li> <li>• Pt Assessment and Documentation</li> <li>• Human Factors and Adverse Event management</li> <li>• Facilitation and Accreditation training</li> <li>• Simulation Based Training and Assessment</li> </ul>	<p>One day interactive workshop KP <u>TBA late 2016 (multidisciplinary presenters and participation)</u></p> <ul style="list-style-type: none"> <li>• Foundations of Procedural Pain Management</li> </ul>



# PPM eLearning



Browser address bar: <https://www.eviq.org.au/eviQEd/PICSProceduralpain.aspx>

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## PICS Procedural pain is everyone's responsibility

### Procedural pain is everyone's responsibility

#### Background

Pain related to medical procedures is often the most distressing cause of pain for children with cancer. As part of their antineoplastic treatment children are exposed to multiple invasive medical procedures for example bone marrow biopsies, lumbar punctures, care of central venous access devices i.e. access and dressings, venipuncture, insertion of nasogastric tubes, finger pricks and intramuscular or subcutaneous injections.

With the length of treatments children with cancer face these procedures can be repetitious and may occur in clusters over short periods of time. The cumulative effects of these painful experiences may result in adverse psychological outcomes or development of a conditioned anxious response for the child or adolescent and family. It has been established children have a long term memory for pain which may influence a child's response and behaviour in subsequent painful procedures.

These modules have been developed by the Paediatric Integrated Cancer Service (PICS) with input from the Children's Cancer Centres at the Royal Children's Hospital Melbourne and Monash Children's Hospital and families of children undergoing treatment for cancer. The aim is an overview of how to ensure any exposure to a painful experience be the best experience possible for the child.

#### Target audience

- Clinical staff who have recently started working in Paediatric Oncology.
- Clinical staff working with children undergoing medical procedures.

#### Content


These interactive modules takes approximately 30 minutes to complete.

The intended learning outcomes include:

- describing the rationale for providing effective procedural pain management to children
- describing patient's rights in regards to effective procedural pain management
- recognising the consequences of poorly managed procedural pain management
- identifying the impact of psychological factors on the child's perception of pain
- describing the implications of inadequate analgesia
- describing the components of a good medical procedure.

#### Access

Click on the links below to access the modules.



- Procedural pain is everyone's responsibility**
- Procedural pain - being prepared**

# CKP website



## For health professionals

The information on this page provides education and resources to health care professionals, please provide feedback to [kate.austin@rch.org.au](mailto:kate.austin@rch.org.au)

### Quick links

#### Non Pharmacology

- [Procedural Pain Management Guidelines](#)
- [Procedural Pain Management Education modules PICS eviQ link](#)
- [Sucrose Fact Sheet- Be sweet to me baby](#)
- [Procedural Support Checklist](#)

#### Pharmacology

- [Procedural Sedation 2016 Procedure link](#) (intranet only PDF at present 15/02/2016)
- [Procedural Sedation learning guide for health care professionals](#)
- [Orientation Package for nitrous oxide- how to guide](#)
- [Procedural Sedation Nitrous Oxide competency - theory](#)
- [Procedural Sedation Nitrous Oxide competency - skill](#)
- [Comfort Kids Intravenous Midazolam for procedures poster](#)
- [Procedural Sedation Intravenous Midazolam competency- theory](#)
- [Procedural Sedation Intravenous Midazolam competency- skill](#)

## Policies and Procedures

RCH > Policy > Procedural sedation – ward and ambulatory areas – at RCH

### In this section

[Policies and procedures](#)

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### Procedural sedation – ward and ambulatory areas – at RCH

The attached procedure was approved by the RCH Policies & Procedures Committee in December 2015.

An on-line version including web-links is currently being prepared.

Meantime RCH Staff are invited to download and/or print a .pdf of the procedure by clicking [here](#)

Document Type:

Exec Sponsor:

Policy Category:

Author Title:

## Nitrous Oxide accreditation

Registered Nurses may be accredited to administer nitrous oxide at RCH by a Procedural Sedation Lead, an accredited RCH CNE/ CSN or by a designated staff member from the Department of Anaesthesia and Management

- To become accredited staff must complete a minimum of three supervised sedation events, independently administering nitrous oxide
- The competency criterion for the Procedural Sedation nitrous oxide competency (skills and theory) completed and entered into Trendcare
- Dentists are credentialed by the Royal College of Dental Surgeons and RCH Emergency Department an internal sedation accreditation program
- Designated staff members from the Department of Anaesthesia and Pain Management, are the on RCH who can accredit Medical staff & APN's in ward and ambulatory areas.

## Nitrous Oxide accreditation process

### ONLY for Registered Nurses at RCH

1. Basic Life Support is required to become nitrous oxide accredited
2. Discuss with the unit Manager and or Educator if accreditation is appropriate
3. Complete pre-reading [Procedural Sedation learning guide for health care professionals](#) [Procedural Sedation Guideline](#) using the nitrous oxide competency - theory component as a guide
4. Complete the [Procedural Sedation Nitrous Oxide competency - theory](#) with an accredited PSL, CN or CSN, keep this record and enter the theory competency into Trendcare
5. Orientate self to the equipment & disposable circuit, using the [Orientation Package for nitrous oxide guide](#)
6. Orientate self to the required documentation including; the Record of Sedation, Prescription and V observation chart
7. Independently complete a supervised sedation event with an accredited PSL, CNE or CSN
8. Complete the [Procedural Sedation Nitrous Oxide competency - skill](#), post sedation event, with an accredited PSL, CNE or CSN and document the sedation event
9. Repeat steps 7 & 8 until you have independently administered nitrous oxide a minimum of three times
10. Provide evidence of meeting all of the competency requirements to the Manager and or Educator, enter the skills competency into Trendcare and email [kate.austin@rch.org.au](mailto:kate.austin@rch.org.au)
11. Administer nitrous oxide independently