



Kaleidoscope
HUNTER CHILDREN'S HEALTH NETWORK

PROCEDURE

SUBJECT: ELECTIVE PAEDIATRIC CAT SCAN (CT) SEDATION

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DISTRIBUTION:

All Clinical Areas JHCH excluding NICU

PERSON RESPONSIBLE FOR MONITORING AND REVIEW:

Radiology CNC JHH

COMMITTEE RESPONSIBLE FOR RATIFICATION AND REVIEW:

Kaleidoscope GNS Quality Committee

Disclaimer:

It should be noted that this document reflects what is currently regarded as a safe and appropriate approach to care. However, as in any clinical situation there may be factors that cannot be covered by a single set of guidelines, this document should be used as a guide, rather than as a complete authoritative statement of procedures to be followed in respect of each individual presentation. It does not replace the need for the application of clinical judgment to each individual presentation.

S.W.P.

SAFE WORK PRACTICE



OVERVIEW:

The following procedure & protocol is written to improve the safety and efficiency of care for children requiring an elective CT scan. This is to help address any problems relating to efficient scanning, and appropriate timing of the CT Scans with efficient and safe sedation of the child. Most of these children will access the JHH Imaging service via the Paediatric Day Stay Unit 0in J2. Emergency paediatric patients will be assessed on an individual basis.

PROCEDURE:

1. Ask the parents/caregiver/patient whether the child is allergic to "iodinated contrast".
If the child is allergic to the contrast, notify the radiologist immediately, document this in the patient notes and place red allergy bands on the child.

2. Weigh the child and record the weight on the Sedation Record.

3. Phone CT on ext 55514 regarding the need for oral contrast or IV contrast.

If oral required, the correct dose of Gastrografin™ will be sent to the ward.

Mix the provided dose with diluted apple juice (50% apple juice and 50 % water.)

Have the child drink the solution over 1 hour, to be finished 2 hrs prior to the scan.

The child then remains Nil By Mouth (NBM) until the scan is completed.

Oral Contrast- Gastrografin mixed with diluted apple juice.

Under 2 years : 100 mL or a normal feed volume for the child.

2 years : 200 mL.

3 -5 years : 400 mL.

6 years and over : 600 mL.

If IV contrast required, an IV Cannula must be inserted in the ward.

4. Obtain consent. Implicit / verbal consent for the procedure and sedation is adequate but must be documented in the medical record. If a general anaesthetic is required, formal written consent must be obtained.

5. Check that the scanner is still available and is running to time prior to administering the prescribed sedation.

All medications must be prescribed on a national medication chart by a qualified prescriber.

Usual Sedation Protocols.

0-3 months	: Fast, feed and wrap (time feed 30 mins prior to scan)
3 months - 4 years	: Check timing with CT Radiographer prior to pre-med. : Single dose Chloral Hydrate 50 -75 mg/kg/dose as prescribed given 30 minutes prior to scan time.
>4 years, unable to co-operate	: Consider general anaesthesia.

6. Administer the sedation after performing the required checks as below:

Two Registered Nurses or a Registered Nurse and a medication endorsed Enrolled Nurse (unless S8 drugs are involved) are to check the 5 'rights' of medication administration- **Correct Patient, Correct Drug, Correct Dose, Correct Route, Correct Time**, along with **any known allergies** prior to administering any medication as described in this guideline. (NSW Health PD2007_077 6.4.2, 6.4.3)

Monitoring and Escort

A paediatric nurse or doctor must be available to transfer and stay with the patient whilst the CT is being performed. A staff person (medical or nursing) must remain with the child whilst they are moderately to deeply sedated. This person must be able to recognise potential adverse events, and perform airway and ventilation support if required on the child.

A parent/carer should also accompany the child.

The child will be returned immediately to the ward for recovery following the CT. Recovery and discharge criteria should be determined by the prescribing medical practitioner. The Children's Hospital Handbook serves as a general guideline.

Oxygen via a face mask may be used to keep the SaO₂ > 94%.

Required Emergency Equipment for transport:

Self inflating resuscitation bag and appropriately sized mask.

Pulse Oximetry for all patients attending CT, on and with audible tones and alarms.

Oxygen cylinder, tubing and appropriate mask or nasal prongs

Portable suction and adult yanker sucker.

REFERENCES:

NSW Health (2007) PD2007_077 Medication Handling in NSW Public Hospitals.

http://www.health.nsw.gov.au/policies/pd/2007/pdf/PD2007_077.pdf

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APPROVAL:

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