



PROCEDURAL SEDATION & ANALGESIA

Time-out checklist

- Confirmation of the patient's identity, procedure and side
- Alternatives discussed & informed consent obtained
- Pre-sedation screening completed
- Materials checked and monitoring in place
- Resuscitation material present
- Patient adequately pre-oxygenated
- Team members for sedation and procedure present, tasks assigned
- Special circumstances and Adverse Events discussed
- Do not disturb sign, phones/buzzers switched off
- *Complete Time-out, start PSA*

<p>WA₃MP₄LE</p> <p>W Weight</p> <p>A Allergies</p> <p>A ASA classification</p> <p>A Age</p> <p>M Medication</p> <p>P Past medical history</p> <p>P Previous sedations</p> <p>P Prior intubations</p> <p>P Pregnancy</p> <p>L Last meal</p> <p>E Event</p>	<p>OBESE (for adults)</p> <p>O Obese (BMI > 26)</p> <p>B Bearded</p> <p>E Elderly (age > 55)</p> <p>S Snores</p> <p>E Edentulous</p> <hr/> <p>NATO (for children)</p> <p>N Neck mobility and shortness</p> <p>A Anatomy (abnormalities head/neck)</p> <p>T Tongue (relatively large tongue)</p> <p>O Obese</p>
---	---

SOAPME

<p>S Suction</p> <p>O Oxygen</p> <p>A Airway</p> <p>P Pharmacy</p> <p>M Monitor</p> <p>E Equipment</p>	<p>Functioning suction device present at the head of the patient.</p> <p>Non-rebreather mask with 15l O₂ pre-oxygenation.</p> <p>Bag valve with fitting mask, mayo tube, LMA, laryngoscope with blade, endotracheal tube, stylet, magill forceps, syringe to inflate cuff.</p> <p>Medication for procedure and rescue medication.</p> <p>Calculate dosage on forehand. Functioning IV access with fluids running.</p> <p>Blood pressure every 3-5 minutes, pulse oxymeter, capnography if applicable, 3-lead ECG. Tone modulation adjusted.</p> <p>Materials present for procedure.</p>
--	--

Medicatie

Esketamine*	Esketamine i.v. 0.5-1.0 mg/kg for dissociation Esketamine i.v. 0.05-0.15 mg/kg for analgesia
Etomidate	Etomidate i.v. 0.1-0.2 mg/kg (adults)
Propofol	Propofol i.v. 0.5-1.0 mg/kg (adults) Propofol i.v. 1.0-3.0 mg/kg (children)
Midazolam*	Midazolam i.v. 0.05-0.1 mg/kg Midazolam i.n. 0.2-0.5 mg/kg (maximum of 10 mg)
Fentanyl*	Fentanyl i.v. 0.25-1.0 mcg/kg (adults) Fentanyl i.v. 0.5-3.0 mcg/kg (children, depending on age) Fentanyl i.n. 1.5-2.0 mcg/kg (maximum of 1 ml)
Naloxone	Naloxone (Narcan) i.v. 0.1-0.4 mg (adults) Naloxone (Narcan) i.v. 5-10 mcg/kg (children)
Flumazenil	Flumazenil i.v. 0.1-0.5 mg (adults) Flumazenil i.v. 10 mcg/kg (children) (maximum of 200 mcg)

*Dosage is the same for both adults and children

Adverse events

Anaphylaxis <ul style="list-style-type: none"> - Stop triggering medication - Fluid challenge 250 ml i.v. (children 10-20 ml/kg) - Adrenaline 0.5 mg i.m. (children 10 mcg/kg i.m.) 	Vomiting <ul style="list-style-type: none"> - Protective positioning (lateral or upright) - Suction - Anti-emetics
Hypotension <ul style="list-style-type: none"> - Stimulus - Fluid challenge 250 ml i.v. (children 10-20 ml/kg) - Vasopressor: ephedrine 5 mg i.v. (children 0.1-0.3 mg/kg) 	Laryngospasm <ul style="list-style-type: none"> - Cease stimulus - Pressure point and jaw thrust - Positive pressure ventilation - Deepen sedation with propofol
Bradycardia with hypotension <ul style="list-style-type: none"> - Confirm blood pressure change - Stimulus - Fluid challenge 250 ml i.v. (children 10-20 ml/kg) - Atropine 0.5 mg i.v. (children 20 mcg/kg) 	Bradypnea, apnoea, hypoxia <ul style="list-style-type: none"> - Stimulus - Manual airway manoeuvres, use of airway adjuncts - Bag-valve-mask ventilation
Paradoxical reaction <ul style="list-style-type: none"> - Stop procedure - Flumazenil 0.1-0.5 mg (children 10 mcg/kg) - Alternative: deepen sedation with non-benzodiazepines 	<p>More information? Check: www.nvsha.nl/downloads/psa www.pscursus.nl</p>