

SEDATION FOR ONCOLOGY CHILDREN

The Department may provide sedation for oncology children undergoing bone marrow aspiration or intrathecal chemotherapy.

There are two categories:

- 1) Failed sedation by the paediatrician
- 2) Failure to access the intra-thecal space in the older obese children

The anaesthetist needs to review the need for the procedure with the primary oncologist.

The oncologist doctor performing the procedure, is informed of the date, time, and the operating theatre. The intra-thecal space, if difficult, is accessed by the anaesthetist and the chemotherapy drugs given by the oncologist doctor

Fasting guidelines

Follows General Anaesthesia fasting guidelines.

Consent

Ensure that the anaesthetic/sedation consent is obtained.

Documentation

The anaesthesia chart is used and the paediatric anaesthesia audit form must be filled.

Sedation technique

An intravenous cannula is usually inserted by the ward doctor.

PAEDIATRIC ANAESTHESIA

Otherwise ensure Ametop/ EMLA is placed 45 minutes before the procedure.

The choice of drugs depends on the request and anaesthetist

- 1) For cases of failed sedation by the paediatric medical team, intravenous propofol +/- fentanyl is usually administered
- 2) For cases involving difficult lumbar punctures, then the choice of sedation drugs/ decision to convert to GA depends on anaesthesia specialist

Recovery

Patients who received sedation in the operating theatre follow the OT discharge criteria.

Outpatients should meet discharge criteria and be reviewed by the oncologist team before being allowed to go home.