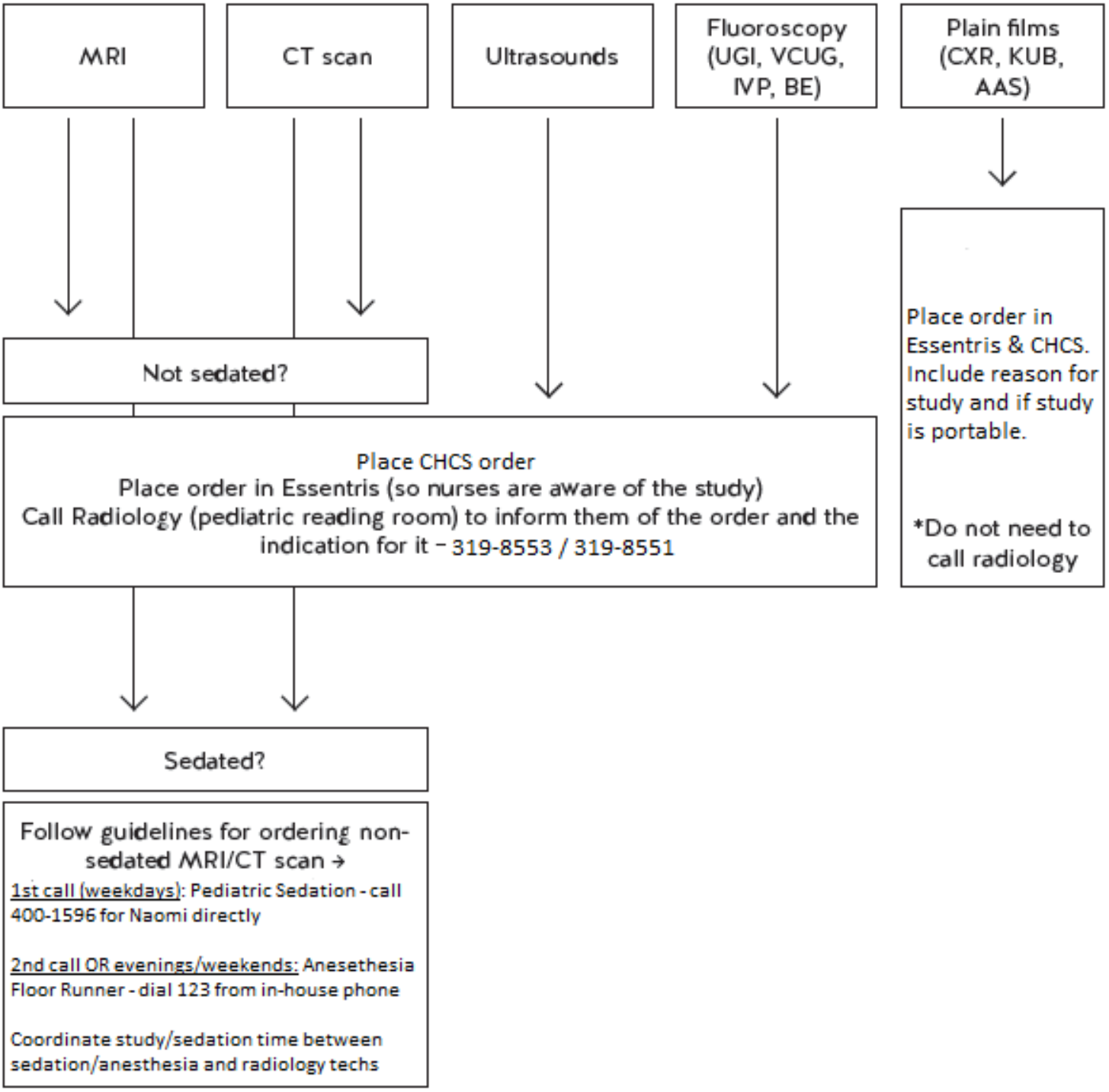
NPO Parameters

Clears: 2 hours Cow's Milk: 6 hours
Breast Milk: 4 hours Full Meal: 8 hours

ORDERING RADIOLOGY STUDIES



SCHEDULING ANESTHESIA & OR TIME

Inpatients

- H&P in Essentris, updated w/in 24h of procedure.
- Surgical Scheduling System (S3): Call S3 manager with case description: special equipment or other services involved (GI, heme/onc, gen surg)

Pre-Op Considerations

- Check with Naomi Osborne ***FIRST*** as peds sedation may be able to support more easily
- Antibiotics and/or SBE prophylaxis needed?
- Lab tests required?
- Cardiac work-up needed?
- Other consults indicated?

Anesthesia Pre-op: Call floor runner (301-295-1383, pin#0101 or dial 123 from in-house)
Consent: Signed by surgeon of record, obtained within 30 days
(do not delay - it WILL delay or CANCEL procedure)
Site Verification: Ensure 741-R signed on day of surgery
MRI Only: Schedule w/ Rads in addition to S3 scheduling.

Post-operative

Re-write orders in Essentris (they are discontinued upon transfer to PACU)

- if you are not the "surgeon" make certain the "surgeon's" name is in S3 - they are responsible for post-op orders
- If PICU admission needed, contact PICU directly and bed manager
- Notify Pediatric anesthesia group (outlook)

Outpatients (follow exact steps above, plus the following)

- H&P in AHLTA<30d, updated w/in 24h of procedure
- Pre-op Clinic: walk-in - pt with guardian must go in to clinic to be seen by pre-op RN & Anesthesia.

Exceptions (high repeat patient, extremely healthy patient): call 123 to ask who the pediatric anesthesiology consultant is for the day - that person can tell you if the patient can just go through the preop process the day of the surgery.

SCHEDULING ANESTHESIA & OR TIME

Outpatients continued

Post-operative admission/discharge plan:

Monitored bed required if: Diagnosed with OSA
< 60 weeks post-gestational age
PICU/SICU/PACU: Call ward first, then bed mngr

PLEASE call with questions before booking: you can call x123 (floor runner) to ask who the pediatric anesthesiology consultant is for the day.

Weekends/after-hours

A pediatric anesthesiologist is on call ONLY for EMERGENCIES (defined as a case that must be done within 12-24 hours) that CANNOT be handled by the in-house anesthesiologists (as defined by the anesthesiologist who is in-house on call).

The PICU has in-house attendings who are sedation-qualified who can assist. The weekend operative schedule is VERY full with Wounded Warriors who triage above nearly everything other than life-threatening emergencies per command instruction.

SEDATION PROCEDURES

Prerequisites:

1. Pre-sedation H+P e.g. ASA status, airway
2. NPO (clears = 2hrs, BM = 4hrs, milk & solids = 6hrs)
3. Emergency drug sheet
4. Consent. Document "time-out".

Algorithms:

1. Sedation Only < 15 kg (ECHO, CT, MRI – 1 body part):

Chloral hydrate 75-100mg/kg PO (MAX 1gm/dose).

If after 20min not adequately sedated, add 20-25mg/kg (MAX total dose 120mg/kg) combined with **Benadryl** (1mg/kg) PO.

Consider **Versed** after 20 minutes more, if IV access, (0.05mg/kg IV) and may repeat once.

Consider lower chloral hydrate dosing (50mg/kg) for newborns and former preemies.

Use with caution in less than 6 mos old infant

2. Sedation Only > 15 kg:

Versed 0.05mg/kg IV at 3min intervals up to 0.20mg/kg, (MAX total dosing).

If h/o difficulty to sedate, PDD, ADHD, weight >75 kg, consider 0.1mg/kg IV. (MAX single dose 2 mg).

Pentobarbital 3 mg/kg IV (MAX dose 100mg/dose). May repeat 1-2 mg/kg aliquots q 3 min up to 8mg/kg.

Versed 0.05mg/kg and Pentobarbital 5mg/kg total dose should induce sedation. If prolonged procedure, patient requires additional medication— alternate **Versed** 0.05mg/kg with **Pentobarbital** 1 mg/kg.

3. Sedation and Analgesia:

Versed & Fentanyl: Versed 0.05mg/kg & Fentanyl 1mcg/kg over 5-10min. May repeat both x 1.

Versed & Ketamine: Versed 0.05mg/kg & Ketamine 0.5-1mg/kg IV over 3-5min. May repeat both x 1.

Consider **Glycopyrollate** IV (0.004-0.01mg/kg), 5 minutes before Ketamine as antisialogue.