MSH Emergency Department

Minimal Sedation in Pediatric Patients

Date Created: 12/21/2023
Date Reviewed:
Reviewed By: *A. Caceres, F. Dalessio, L. Douglas, J. Frye , J. Kero, K. Mcdonald, J. McGreevy, A. Rhee, O. Sgambellone, L. Spina, C. Strother, F. Yudkowitz*

PURPOSE:

This policy outlines medications and dosing for patients under 18 years of age that will be considered minimal sedation. Minimal sedation needs less monitoring than moderate sedation, and does not require a huddle, consent, and other aspects of the moderate sedation protocol. ***For patients 18 years or over please refer to the adult policy.***

GUIDELINE:

Clinician judgement should supplement and supersede any clinical guidelines or decision protocol. Departure from these guidelines may be appropriate and necessary in certain clinical situations. The use of the guideline allows for an appropriate and uniform treatment in a population that has the potential to become more ill. This guideline was developed with the joint input of Anesthesiology, Pediatrics, Pharmacy, and Pediatric Emergency Medicine.

EXCLUSIONS:

Excluded patients should be treated as moderate sedation and follow that protocol

- Patients less than 1 year of age or less than 10 kg weight
- ASA Class 3 or higher
- Total dose of one medication exceeding the maximum dosage below
- Any patient receiving multiple different sedatives.

MONITORING:

- Pediatric Patients undergoing minimal sedation should have continuous pulse oximetry monitoring.

DOCUMENTATION:

- Nursing will document patient tolerance and SpO2 at the beginning and after the procedure, and q15 minutes during the procedure.

PRIVILEGES:

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- Only those privileged in moderation sedation should order minimal sedation for pediatric patients.

Dosage Criteria for Minimal Sedation for Pediatric Patients

Sedative Drug Name		Usual Dosage	Max Dosage	Onset of Action	Duration of Effect	Reversal Agents (see dose below)
Generic	**Proprietary**					
Fentanyl IN	(Sublimaze)	1-2 micrograms/kg	60 micrograms	5-10 min	30 min	Naloxone
Midazolam IN	(Versed)	0.2-0.3 mg/kg	10 mg	5-10 min	30-60 min	Flumazenil
Midazolam PO	(Versed)	0.5 mg/kg	20 mg	20-30 min	1-2 hours	Flumazenil
Lorazepam PO	(Ativan)	0.05 mg/kg	2 mg	20-20 min	6-8 hours	Flumazenil
Nitrous Oxide		≤50%				none
Reversal Agent Dosage						
Naloxone*	(Narcan)		IV/IO/IM 0.1 mg/kg max 2mg/dose repeat every 2-3 minutes PRN			
Flumazenil	(Romazicon)		IV: 0.01 mg/kg, max 0.2 mg/dose, repeat every minute PRN to a maximum cumulative dose of 1mg.			

*IM Naloxone absorption may be delayed or erratic. Monitor closely; may need to repeat doses (eg, every 20 to 60 minutes) if duration of action of sedative is longer than naloxone.