

Pediatric Sedation for Intubated Patients

- For Intubated Patients only
- After ETT placement confirmed

Versed: 0.1 mg/kg IV
and/or
Fentanyl : 1-2 mcg/kg IV ① ② ③

Start a **Fentanyl and Versed infusion** for longer transports ④

If required give:
Zemeron: 1 mg/kg IV ⑤ ⑥

- Monitor Temp ⑦
- Monitor glucose
- Monitor ETCO₂, HR, and BP for response to medications.
- Check ISTAT gases

Normal Systolic BP values:

0-1 year

60 – 90 mmHg

> 1 year

90 plus (2+ age in years)

Lowest acceptable SBP

70 plus (2 + age in years)

Displacement
Obstruction
Pneumothorax
Equipment

1. Give over 1 -2 minutes to prevent chest wall rigidity. Titrate dose up for response
2. Morphine can also be given for underlying pain . **Morphine: 0.1 – 0.2 mg/kg over 5 minutes**
3. Metabolic needs of children are higher. Can require frequent repetitive doses to get desired effect .
4. Having both infusions ensures adequate sedation.
5. Give where indicated but remember to follow with adequate sedation. Reassess ETT placement each time prior to giving.
6. Can cause hypothermia or worsen hypothermia due to pt's inability to shiver
7. The following procedure should be utilized to prevent accidental dislodgement of the ETT: when moving patient from bed to liter to aircraft etc.:
 - * 100% oxygenate the patient
 - * Disconnect the bagging unit from the ETT, then transfer.
 - * make sure procedure duration is less than a minute