

SEDATION FOR ONCOLOGY CHILDREN

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

There are two categories:

- 1) Children who have failed sedation by the paediatrician who often uses midazolam or ketamine.
- 2) Older obese children in whom lumbar puncture (LP) is a technical challenge.

SEDATION REQUEST

Arrangements are usually made with the "roster monster" and the request is sent to the Children's Operating Theatre Reception the day before.

FASTING GUIDELINES

-Follows General Anaesthesia fasting guidelines.

INVESTIGATIONS

It follows the oncology protocol unless there is a change in the medical status. Then the anaesthetist needs to review the need for the procedure with the primary oncologist.

CONSENT

Ensure that the anaesthetic/sedation consent is obtained.

DOCUMENTATION

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

LOCATION

The sedation may be done in the treatment room of the oncology ward or in Major OT.

If the procedure is done in the ward, please ensure the availability-of equipment below.

Anaesthesia/ sedation for procedures in oncology ward must be provided by Paediatric Anaesthesia AC & above.

EQUIPMENT

- Oxygen wall source with flow meter
- Bag/Valve/Mask system
- Oral/ nasal airways
- Suction apparatus
- Pulse oximeter
- NIBP

SEDATION TECHNIQUE

An intravenous cannula is usually inserted by the ward doctor. ~~if not~~ Otherwise ensure Ametop/ EMLA is placed 45 minutes before procedure.

The choice of drugs depends on the request

- 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 i/c.

RECOVERY

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

For patients who received sedation in the ward, ensure patient is rousable with stable vital signs before transferring from treatment room to the patient bed.

Outpatients should meet discharge criteria before being allowed to go home.