



# Ketamine sedation in children and young people

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**Your child needs to undergo a procedure and may need sedation in order to reduce their fear, pain and anxiety. This leaflet explains what it means to be sedated with Ketamine and what the risks involved are. If you have a question about specific treatments and options covered in this information, please talk to a member of the healthcare team.**

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## What is ketamine?

Ketamine is commonly used in hospitals for sedation in children who require a brief procedure that may be painful or unpleasant. Your child will be cared for by a senior doctor and nurse, if appropriate a member of the play team may also be present.

Ketamine is given by injection into a vein or into the muscle of the thigh. Your child may appear to be awake after receiving ketamine but they are unaware of their surroundings. They may drool saliva, move a little without obvious cause, experience some eye watering or eye twitching; these are all normal features of Ketamine sedation.

Your child will not feel any pain and may not remember the procedure at all or only remember small parts.

## Side effects

Although Ketamine is very safe when used appropriately, it does have some side effects:

- Occasionally some children report odd dreams on waking up, and 20% of children experience mild agitation. This doesn't last long or have any lasting effects and tends to improve if you comfort your child in a quiet area until they are fully awake.
- 10% of children develop a temporary rash.
- 5-10% children vomit, anti-sickness medicine can be given to help with this.
- Rarely, some children (0.3%) may experience laryngospasm and will require help with their breathing whilst sedated. In 0.02% of cases your child may need to be given a general anaesthetic with a breathing tube placed in their windpipe.

## Helping your child before the procedure:

- Ask the doctor/ nurse to explain the procedure to you and to your child. If you do not understand, please tell us.
- Talk to your child about some ways to cope (for example – looking at a book, using their imagination to be in a nice place or blowing bubbles).
- Try not to be too upset or nervous yourself as your child will notice this.

### **Helping your child during the procedure:**

- A parent (or another adult) who knows your child may stay with them, this is usually helpful for your child.
- Depending on how deeply sedated your child becomes, they may need reminders of the coping methods you decided upon earlier.
- Giving your child a sense of control with some simple choices may help. We can allow them to choose things they may like e.g. music and which finger the oxygen probe may be placed on.
- It is not helpful to allow your child to decide the exact moment the procedure is going to happen.

### **Helping your child after the procedure**

- Remain with your child. They may not remember where they are or why they are in hospital.
- Focus on the good things your child did.

### **Discharge advice for parents and carers**

The sedation your child has been given may make them feel more tired than usual over the next day or so. In most cases this will have worn off by next morning and your child should be completely back to normal.

The hospital experience is strange and unsettling for some children. Do not be surprised at changes in your child's behaviour when you get home – for example your child may be more clingy, easily upset or have disturbed sleep. Try to be more patient, understanding and give your child more time.

You should be extra vigilant for the next 24 hours.

### **Following discharge we would advise:**

- On the journey home we recommend that an adult sits in the back of the car with the child so that he/she can be observed at all times.
- Your child might feel nauseous (sick) – offer small amounts of food and drinks at a time for next 2 hours.
- No playing that requires coordination (bikes / swings/ monkey bars etc) for the next 24 hours as these activities might result in your child injuring themselves.
- No swimming without adult supervision for 24 hours.
- Supervise all playing and bathing for the next 8 hours.
- Do not to give any further sedation for 24 hours. If your child normally takes medication, check the information on the bottle to see if it has a sedative effect. If so, or if unsure, seek advice from the nurse or doctor at the hospital about whether the medicine should be given.
- Although it is extremely unlikely, if you find you are unable to rouse your child or you are seriously concerned about him/her, please do not hesitate to contact the hospital on the following numbers or call 999 and ask for an ambulance to take them to the nearest Emergency Department (A&E)

If your child needs pain relief, you can give them Paracetamol (Calpol) or Ibuprofen (Nurofen/Junifen). If this have been given to your child during your visit, on discharge the Nurse will advise you when you can next safely give pain relief at home.

If a follow-up appointment is needed, e.g. for Fracture Clinic, then this will be made before you leave.

### **Contact us**

If you need further advice, please contact the ward/unit where your child was last cared for:

Paediatric A&E: 0118 322 6876

Kempton Day Bed Unit: 0118 322 7512

Dolphin Ward: 0118 322 8075

Lion Ward: 0118 322 8105

Alternatively ask to speak to your child's Paediatric Consultant via Switchboard on 0118 322 5111.

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

**Please ask if you need this information in another language or format.**

RBFT Paediatric Unit, February 2025

Next review due: February 2027