



Sedation in children and young people

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 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.

Why is sedation needed?

In order for us to diagnose or treat them, your child needs to undergo a procedure and may become distressed or have pain when having certain procedures (tests or treatments). Sometimes with children and young people it is not always possible to carry out procedures with local anaesthetic and reassurance. This may be because they find it too frightening, too painful or they may be ill, in pain or have behavioural problems. Sedation for procedures (procedural sedation) aims to reduce your child's fear, pain and anxiety. It can also help your child to lie still during a procedure like a scan. Sedation involves either having an injection, swallowing a liquid or breathing gas through a mask. The sedation helps make your child feel sleepy and relaxed, meaning the procedure can be performed more easily and with less distress for you and your child. Your child may not remember the procedure at all or only remember small amounts, this is normal.

What should happen when we see a healthcare professional?

If your child is having a procedure and their healthcare professional (it could be a doctor, dentist or nurse) thinks that sedation will help, the healthcare professional should first see if sedation is suitable for your child. They will ask about past medical problems and medicines your child is taking or has taken in the past (including any allergies). They will also assess their:

- current medical condition
- weight
- past experience of sedation or anaesthesia
- general health, including their breathing, with a physical examination
- understanding and ability to cope with the procedure

Different types of sedation

If you think that your care does not match what is described in this information, please talk to a member of your healthcare team in the first instance.

Your healthcare professional will discuss the proposed sedation technique, any alternatives, and the benefits and side effects associated with each option with you.

The choice of sedation technique will be based on:

- what the procedure involves, for example if it is painful or painless

- how sleepy and calm your child needs to be
- if the technique is suitable for your child
- what you or your child prefer

Sedation will go ahead only if you, or your child if they are old enough, consent to it.

What does my child need to know?

So that your child is fully prepared for the procedure they are having under sedation, they will be given advice that is suitable for them about:

- the procedure that they will be having when they are sedated
- what they should do and what the healthcare professional will do
- what they may feel when having the procedure (for example, numbness)
- how to cope with the procedure
- The healthcare professional giving your child advice will check that they have understood the information.

Food and fasting

Before your child is given sedation, your healthcare professional will check and make a note of the last time your child ate and drank anything.

Your child should not eat for 6 hours, or drink clear fluids for 2 hours before sedation. If they are breastfeeding they should not have any breast milk for 4 hours before sedation. This may not apply in an emergency or for some types of sedation.

Will I be able to stay with my child while they are sedated?

You should be offered the opportunity to stay with your child while they are sedated, if it is appropriate. If you decide to be with them while they are sedated you will be given advice about what to do to help. After your child is sedated you may be asked to wait outside the treatment room while the procedure is performed.

Questions you might like to ask your healthcare team

- How deeply sedated will my child be? And how does this differ from a general anaesthetic?
- What happens if my child eats something a few hours before sedation?
- How can I best support my child during sedation?
- What happens if my child is very anxious about the procedure?
- Will my child have any side effects from the sedation?
- What happens if my child cannot tolerate a procedure under sedation?
- What happens if I don't want my child to be sedated?
- What should I do if my child becomes unwell after leaving hospital?
- If the procedure is painful what pain relief will be given?

Discharge advice

The sedation your child has been given may make him/her feeling 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

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

RBFT Paediatric Unit, February 2025

Next review due: February 2027