

About Your Child's Sedation

This information explains what will happen when your child is sedated for a scan or procedure. It will also help you take care of your child after sedation.

Sedation is when your child is given medication so they sleep during a scan or procedure. A medication used for sedation is called a sedative. At Memorial Sloan Kettering (MSK), a specialized healthcare provider such as a certified registered nurse anesthetist (CRNA) or anesthesiologist will give your child the sedative.

Sedation may be used for imaging scans if your child needs to lie completely still during the scan. It may also be used for procedures that can be stressful or painful if your child is awake.

Types of Sedatives

Some sedatives are put into your child's bloodstream. These are called intravenous (IV) sedatives. Other sedatives are given as a gas that your child breathes in through a mask over their nose and mouth.

Your child's healthcare provider will talk with you about the type(s) of sedative your child will get. At MSK, we use the sedatives propofol, sevoflurane, and dexmedetomidine (Precedex®).

Propofol

Propofol is a white-colored IV sedative. It starts working very quickly, usually in less than a minute. Once your child's procedure or scan is over, they usually start waking up within 10 to 20 minutes. Every child wakes up differently. Propofol may take longer to wear off, especially with longer scans or procedures.

Sevoflurane

Sevoflurane is a sedative gas that works quickly. If your child's scan or procedure will be short and they won't need an IV line, we can use sevoflurane to keep them asleep. If your child will need to have an IV line placed for their scan or procedure, we may give them sevoflurane first. This makes placing the IV line easier and more comfortable. Then, we may use the IV line to give them other sedatives, medications, or fluids during or after their scan or procedure.

It's normal for the sevoflurane gas to smell bad. It can be scary for children to fall asleep this way, and we sometimes need your help to reassure and hold your

child as they fall asleep.

Dexmedetomidine (Precedex)

Precedex is a clear IV sedative. It's sometimes used along with propofol or sevoflurane to help children be less upset or confused when they wake up after sedation. If you think your child has woken up crying, confused, or upset after sedation in the past, tell your anesthesiologist.

Precedex will probably make your child sleep longer after their scan or procedure. It can also lower their heart rate. We'll watch your child's heart rate closely to make sure they're safe. Their heart rate will go back to normal once they're awake and the Precedex wears off.

What to Expect

It can be helpful to talk with your child about what will happen during their scan or procedure. For example, you can tell them that we'll give them medication to make them nap. It's also helpful to reassure them that you'll be with them while they fall asleep and when they wake up.

Before your child falls asleep

You'll meet with the anesthesiologist before your child's scan or procedure. The anesthesiologist will answer your

questions and talk with you about what to expect. Then, the CRNA or anesthesiologist will give your child the sedative.

Some children have involuntary muscle or eye movements while falling asleep from the sedative. This is normal. You can help reassure your child by holding or talking to them. Once your child is asleep, you'll go back to the waiting room.

While your child is asleep

The CRNA or anesthesiologist will stay with your child during their scan or procedure. They'll monitor your child carefully and treat any side effects, such as:

- Slower, shallower breathing. This is the most common side effect of sedation. The CRNA or anesthesiologist may give your child extra oxygen to help with this. If needed, they will also use an oxygen bag and mask to help your child breathe. Some children may need a breathing tube, but this is rare.
- Low blood pressure. Some children get IV fluids before or during the scan or procedure. The IV fluids help keep their blood pressure from getting too low.

While your child wakes up

Your child will be moved to a recovery room after their scan or procedure. A staff member will bring you to the recovery room once your child is awake. A nurse in the recovery room will monitor your child until the sedative has worn off.

The sedative wears off after about 10 to 20 minutes, but some children sleep a little longer. This is a normal sleep. It's normal for children to wake up and then fall asleep again once they're in the comfort of your arms.

Usually, children wake up comfortably after sedation. Some children wake up angry, crying, confused, and not themselves. This usually only needs a little time to get better. We very rarely need to give your child medication to treat this. Precedex can sometimes be used to keep this from happening.

If your child feels nauseous (like they're going to throw up), we'll give them medication to help them feel better. This is rare for most sedatives.

How to Care for Your Child After Sedation

- You can talk to your child in a soothing voice or hold their hand while the sedation is wearing off.

- Your child can drink or eat right away, unless there's a reason not to (such as if they have another test scheduled). Start with bland foods such as crackers, toast, rice, or applesauce. If bland foods don't upset their stomach, they can have their usual foods and drinks.
- If your child takes pain medication containing an opioid (such as Oxycodone®), it might make them sleepier than usual if they had sedation earlier that day.
- After they wake up, your child may feel tired, shaky, or both. We can give you a wheelchair to help get them to your car or other ride home.
- Once you and your child are home, they should rest or do a quiet, easy activity, such as watching TV. They might be dizzy and unsteady, so watch them closely to make sure they don't get hurt. Don't let them do activities that require balance or steadiness (such as riding a bike or using the stairs) until they're back to their normal behavior.

When to Call Your Child's Healthcare Provider

Call your child's healthcare provider if:

- Your child starts vomiting (throwing up).
- Your child becomes very irritable or can't stop crying.
- You're having trouble waking up your child.
- Your child has a fever above 100.4 °F (38 °C) or chills.
- Your child has a rash or hives.
- Your child is wheezing.

If your child has trouble breathing, call 911 right away.

If you have any questions, contact a member of your healthcare team directly. If you're a patient at MSK and you need to reach a provider after 5:00 p.m., during the weekend, or on a holiday, call 212-639-2000 and ask for the pediatric fellow on call.

For more resources, visit www.mskcc.org/pe to search our virtual library.

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