PATIENT & CAREGIVER EDUCATION

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 gets medicine so they sleep during a scan or procedure. It 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.

At MSK, a certified registered nurse anesthetist (CRNA) or anesthesiologist will give your child the sedative. A sedative is medicine used for sedation.

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 1 minute.

Once your child's procedure or scan is over, they will usually start to wake 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. We can use this if your child's scan or procedure is short and they won't need an IV line. This will keep them asleep during their scan or procedure.

If your child needs 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. We may use the IV line to give them other sedatives, medicine, 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. 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. This helps children to 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 medicine 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. Involuntary means this is something they cannot control. This is normal. You can help reassure your child by holding or talking to them. Once they're 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 and low blood pressure.

Slower, shallower breathing 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.

Some children get IV fluids before or during the scan or procedure. This helps keep their blood pressure from getting too low.

While your child wakes up

Once your child is awake, a staff member will bring your child to a recovery room. A nurse in the recovery room will monitor your child until the sedative has worn off. This should take 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 medicine to treat this. Sometimes, we can give them Precedex to keep this from happening.

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

How to care for your child after sedation

- 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 they have another test scheduled. Start with bland foods such as crackers, toast, rice, or applesauce. If bland foods do not upset their stomach, they can have their usual foods and drinks.
- If your child takes pain medicine with an opioid (such as Oxycodone®), they may be sleepier than usual after sedation.

- 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. Watch them closely to make sure they don't get hurt. Do not let them do activities that need balance or steadiness until they're back to their normal behavior. This includes riding a bike or using the stairs.

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 cannot 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 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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