



The administration of **sedatives, analgesics** and/or **anxiolytics** to reduce awareness, pain, and anxiety during **painful or distressing procedures** performed outside the operating room.

Responses to procedural sedation vary; **always have resuscitation personnel and supplies nearby.**

Focused HISTORY	Focused PHYSICAL EXAM
<ul style="list-style-type: none"> <li>PMHx: asthma, OSA, recent URTI sx, cardiac disease, any previous anesthesia or sedation</li> <li>Allergies</li> <li>Medications</li> <li>FHx: anesthetic complications</li> <li>Fasting duration: no solids &gt;6h, clear liquids &gt;1h, but do not delay procedure if emergent</li> </ul>	<ul style="list-style-type: none"> <li>Vitals (age-appropriate)</li> <li>Airway: assess for features of a difficult airway (Mallampati score 3-4, poor neck mobility, small mouth, obesity, craniofacial abnormalities)</li> <li>Cardiac and respiratory exam</li> <li>LOC, signs of intoxication</li> </ul>   

## PREPARATION & MONITORING

- Assemble personnel (nursing, respiratory therapy), equipment, & monitors (SpO2, HR, BP, capnography, +/- ECG)
- Vitals q5min during and q15min after procedure
- Observe airway, chest wall movement, signs of hypoxia, response to verbal/tactile stimuli
- Note: Provider administering sedation is **not** the same provider that is performing the procedure



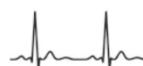
## Common APPROACHES & MEDICATIONS

Goal	Example Use	Medication options: ensure weight- based dosing	
Moderate to deep sedation, profound analgesia, and immobilization	<b>Major Painful Procedure</b> orthopedic reduction, burn debridement, complex laceration repair, chest tube insertion  	<b>Ketamine</b> IV or IM	<ul style="list-style-type: none"> <li>Sedative, dissociative amnestic, analgesic, anesthetic</li> <li>Very safe; maintains airway reflexes</li> <li>s/e: vomiting, emergence delirium, laryngospasm</li> <li>Contraindication: &lt;3 months, hx psychosis</li> </ul>
		<b>Propofol</b> IV	<ul style="list-style-type: none"> <li>Sedative</li> <li>CNS depressant; decreases ICP, BP, RR</li> <li>Airway reflexes not maintained</li> <li>Contraindication: hypotension</li> </ul>
Mild to moderate sedation, moderate analgesia, and anxiolysis	<b>Minor Painful Procedure</b> simple laceration repair, abscess I&D, dental extraction, foreign body removal	<b>Fentanyl</b> IV or IM	<ul style="list-style-type: none"> <li>Opioid analgesic with fast onset &amp; offset</li> <li>Typically used with midazolam (anxiolytic)</li> <li>s/e: respiratory depression</li> </ul>
		<b>Nitrous Oxide</b> (inhaled)	<ul style="list-style-type: none"> <li>Anesthetic, amnestic, anxiolytic, analgesic</li> <li>Contraindications: asthma exacerbation, cystic fibrosis, altered LOC</li> </ul>
Moderate to deep sedation, immobilization	<b>Nonpainful Procedure</b> diagnostic imaging (CT head, MRI)	<b>Midazolam</b> IN	<ul style="list-style-type: none"> <li>Benzodiazepine with anxiolytic properties</li> <li>s/e: paradoxical reaction</li> </ul>

 Serious complications usually occur post-procedure when painful stimuli are removed, or within 25 minutes of last medication dose

## Monitor for potential COMPLICATIONS

- Emergence agitation:** risk increases with age
- Delayed emergence
- Oversedation, respiratory depression
- Nausea, vomiting
- Allergic reaction, anaphylaxis
- Laryngospasm, bronchospasm, aspiration
- Hypotension, bradycardia, shock, cardiac arrest



Patient is safe to discharge when they are vitally stable and at baseline LOC



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