Emergency Department
Information Leaflet for Parents or Guardians of Children Sedated Using Ketamine

Part One – What treatment is the doctor suggesting?

Your child needs a medical treatment (e.g. stitches) which may be painful or distressing for them. So that the treatment can be carried out more easily, with less distress and pain for you and your child, the medical team wish to use a drug called ketamine to sedate them.

Sedation is a process of using drugs to make them sleepy, relaxed or in a ‘trance-like’ state. It is normal that they may not remember the procedure at all, or only remember small amounts.

Ketamine is commonly used in hospitals for sedation of children. There are some special features about sedation with ketamine for you to know:

- Your child will be cared for by a senior doctor and nurse.
- The drug is given by injection into a vein or into the muscle of the thigh.
- Your child may seem to be awake after receiving ketamine.
- Your child may move a little without obvious cause; this is normal.
- Your child’s eyes may twitch; this is normal.
- Your child may report odd dreams on waking up, and may become a little agitated (less than 20% of children experience this). This tends to improve if you comfort your child until they are fully awake.
- One in ten children develops a rash.
- One in ten children vomit.
- One in ten children will have some eye watering, or may drool.
- Rarely (0.3%) there can be laryngospasm (vocal cords close) and in 0.02% of cases your child may need to be given a general anaesthetic with a breathing tube placed in their windpipe. The doctors have been trained to recognise and deal with any complications that may develop.
Part Two – How to help your child

Before anything is done, ensure you understand the information in this leaflet and that the doctor or nurse has answered any questions you may have.

Before your child is sedated it is good to reassure them by talking to them calmly and play with them quietly e.g. reading a book. However please note that it is not usually helpful to allow your child to decide the exact moment the procedure is going to happen.

You or another adult (whom your child knows) may stay with them during the procedure. The medical staff may ask you to talk to your child during the procedure to help comfort them.

Following the procedure it is good to stay with your child so that they can recognize a familiar face when they ‘wake up’. When they are awake, focus on the good things they did and praise them for their behaviour.

Part Three – After you go home

Most children fully recover (i.e. ‘wake up’) within 90 minutes, sometimes a little longer. Your child will be safe to go home when they are fully awake, can walk unaided and manage to drink without vomiting.

Sometimes after sedation your child may be a bit confused, sleepy or clumsy and you need to be watchful in caring for them for the next 24 hours. They should avoid any activity such as riding a bike or other sports and active play. Ensure they are supervised when bathing.

Clear fluids (but not fizzy or sugary drinks) should be encouraged but do not allow them to eat until at least two hours have passed uneventfully at home. Provide light meals only until the following day.

Your child may sleep as normal or be more tired than usual.

If you have any concerns that your child may be experiencing problems then please contact the Emergency Department on this number:

RUSSELLS HALL HOSPITAL, EMERGENCY DEPARTMENT
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