

# GUIDELINES FOR SEDATIVE PREMEDICATION FOR GENERAL ANAESTHESIA FOR CHILDREN

## Indications:

- anxiety
- disabilities or special needs
- previous difficult anaesthetic induction

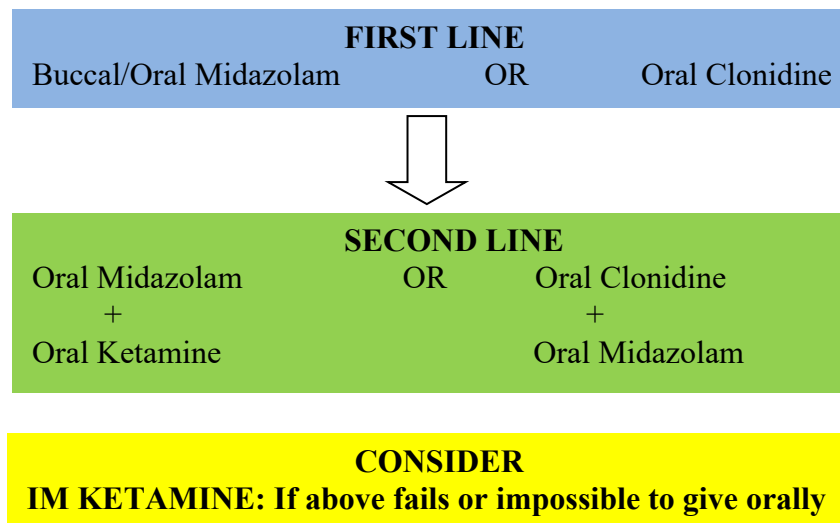
## Recommendations:

- premedication may be recommended by nursing staff and/or parents
- review previous anaesthetic charts
- discuss difficult cases with a consultant or where you would like advice
- include play specialist where possible
- several family members may be helpful in the anaesthetic room

## Use sedative premedication with caution in the following circumstances:

- compromised airway/upper airway disease/anticipated difficult airway
- obstructive sleep apnoea
- compromised consciousness, head injury or raised ICP
- respiratory failure/severe respiratory depression
- neuromuscular disease with or without respiratory weakness

## Drugs: If using oral route mix in with squash/ clear fluid of child's choice



## Follow-up:

- document everything well
- feedback to the family
- Consider referral to play specialist/psychologist.



- If Pre-med is spat out Repeat after discussion with senior. If elective, consider postponing after play therapy/ psychological support. Discuss with senior, parents and surgeons.

**Drugs and routes of administration: All doses in individual cases can be overridden by Consultant Anaesthetist.**

	Drug	Paediatric dosing	Maximum Dose	Onset (minutes)	Duration	Comments
First line	Midazolam	Buccal: 0.2 – 0.3 mg/kg	15 mg	10-15		Give 15 mins before induction. Syringes are prefilled in 2.5 mg increments. Round up to nearest volume.
		Or				
		Intranasal				
		Oral: 0.5 mg/kg	20 mg	20-30	45-60 min	Give 30 mins before induction. Paradoxical excitement in some children.
OR	Clonidine	Oral, buccal or intranasal: 2 - 5 mcg/kg  <b>**Obtain from anaesthetic room**</b>  <b>**Caution: Large doses can cause bradycardia and hypotension**</b>		45 – 60		Give 1 hour before induction. Use IV preparation (150mcg/mL) as small volume and tasteless. Advantage of reducing agitation both before and after sevoflurane. Analgesic, anxiolytic and sedative properties. Prolongs recovery.
Second line	Midazolam and Ketamine	Oral 0.5mg/kg and Oral 3-5mg/kg	20 mg 10 mg/kg	~ 30		Use IV preparation Ketamine
OR	Clonidine and Midazolam	Oral 3mcg/kg and Oral 0.3mg/kg				Use IV preparation clonidine from anaesthetic room
OR	Ketamine	Intramuscular: 4-10mg/kg	10 mg/kg	~ 3-5	1-3 hours	Administered by medical staff

#### References

BNF for children 2014 – 2015

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Sedative Premedication Guidelines at Royal Children's Hospital Melbourne

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Funk W, et al. Oral preanaesthetic medication for children: double-blind randomised study of a combination of midazolam and ketamine vs midazolam or ketamine alone. *BJA* 2000; 83 (3): 335-40

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