**Anorectal Studies**

**Ketamine sedation**

* No premed – if possible
* IV induction with 2mg/kg Ketamine ideally. If gas induction stop when IV access achieved
* Give O2 via Hudson mask and then commence infusion (1 mg/kg in 20mls normal saline) at 1mg/kg/hr (or 20mls/hr).You may need to go higher than this in some children.
* If proceeding to manual evacuation give an anaesthetic
* If proceeding to Botulinum toxin increase Ketamine or give Propofol /Sevofurane

**Jo Challands September 2021**