



Affix Patient Label

Pediatric Procedural Sedation for Tests or Procedures

Attending/supervising physician: _____

Resident physician (if applicable): _____ with **direct** supervision.

This information is given to you so that you can make an informed decision about **sedation for your child for a test or procedure**.

Information on Procedural Sedation:

For some tests or procedures a child must stay completely still to get the best results.

Other procedures may be uncomfortable or painful if the child is awake.

Your child will be given medicine to relax them. This medicine will also make your child more comfortable. This medication may be given through an IV, squirted in their nose, or given by mouth. This is called “procedural sedation”. Your child will feel sleepy. Your child may even sleep through parts of the procedure. We will monitor your child’s heart rate, breathing and blood pressure. We will also monitor your child’s oxygen level.

If your child’s heart rate, blood pressure or oxygen level falls outside the normal range, we may give medications to reverse the sedation or stop the sedation medication. We may be unable to reverse the sedation. We may need to support your child’s breathing. Even if your child has a NO CODE status:

- Your child may need intubation to support their breathing.
- Your child may need medications to support their blood pressure.

We will re-evaluate your child’s medical treatment plan and NO CODE status when sedation has cleared their body.

Benefits of this Procedure:

- Stops nervousness and fear in your child.
- Produces sleepiness in your child during the test or procedure.
- Stops your child from moving during the test or procedure.
- Stops pain or discomfort during the test or procedure.

Your doctor cannot promise your child will receive any of these benefits. Only you can decide if the benefits for your child is worth the risks.

Risks of Sedation:

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your doctor cannot expect.

Specific Risks of this Sedation:

- Allergic reaction to the medicines used for sedation. This may need medicine to treat.
- Nausea and vomiting. This may need medicine to treat.
- Sleepiness that lasts longer than expected.
- The medicine may make your child agitated. This is not common.
- Your child may vomit stomach contents into the lungs. This could cause pneumonia.
- Your child’s breathing could slow down and their blood pressure could change. This may need medicine to treat.

The Risks Associated with Sedation Could Increase if:

- Your child eats or drinks after the time specified.
- Your child has lung or other infection.
- Your child has large tonsils or tongue, or other breathing problems.

Risks Specific to your Child:

Alternatives to Sedation:

- You can decide not to have the test or procedure for your child.
- Some procedures can be done under general anesthesia.

If You Choose Not to Have Procedural Sedation:

- Your child's symptoms or condition may get worse, if you delay the test or procedure.
- You can reschedule the procedure or test at a later date.

General Information:

During the procedure the doctor may need to do more tests or treatment.

Students, technical sales people and other staff may be present during the procedure. Your child's doctor will supervise them.

Pictures and videos during the procedure. These may be added to your child's medical record. These may be published for teaching purposes. Your child's identity will be protected.

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By signing this form I agree:

- I have read this form or had it explained to me in words I can understand.
 - I understand its contents.
 - I have had time to speak with the doctor. My questions have been answered.
 - I want my child to have: **Procedural Sedation for the following test or procedure** _____
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- I understand that my doctor may ask another doctor with the same qualifications to do the sedation.
 - I understand that other doctors, including medical residents, or other staff may help with sedation. The tasks will be based on their skill level. My child's doctor will supervise them.

Parent/Guardian Signature: _____ Date: _____ Time: _____

Relationship: Parent of Minor Closest relative (relationship) _____ Guardian/POA Healthcare

Interpreter's Statement: I have interpreted the doctor's explanation of the consent form to the patient, a parent, closest relative or legal guardian.

Interpreter's Signature: _____ ID #: _____ Date: _____ Time: _____

For Provider Use ONLY:

The sedation team has explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention. I have answered questions, and patient's parent has agreed to procedural sedation.

Provider signature: _____ Date: _____ Time: _____

Teach Back:

Parent shows understanding by stating in his or her own words:

____ Reason(s) for the procedural sedation: _____

____ Benefit(s) of sedation: _____

____ Risk(s) of sedation: _____

____ Alternative(s) to sedation: _____

OR____ Parent elects not to proceed: _____ Date: _____ Time: _____
(Parent signature)

Validated/Witness: _____ Date: _____ Time: _____