

Ketamine sedation

Ketamine is a medicine given for sedation and pain relief before a painful procedure such as setting a broken bone. It is used so that your child remains calm, comfortable and to minimise discomfort during the procedure. The ketamine can be given via an intravenous (IV) cannula (otherwise known as a drip) or into the muscle (similar to a vaccination). Local anaesthetic cream will be applied to the skin before the IV cannula is inserted to reduce pain associated with this.

Before the procedure

- Staff will ask when the last time your child ate or drank anything was. Please do not let your child eat or drink anything while waiting to have a ketamine sedation. This makes it less likely that your child will vomit during the procedure. Your child may be given a medication before the procedure to reduce the chance of vomiting.
- Keeping your child as calm as possible before the procedure is important. Watching videos on a phone or tablet, playing with toys, reading a book or having cuddles with a parent can help distract and calm your child.

During the procedure

During the procedure your child will have:

- A senior doctor and nurse specifically assigned to monitor them during the sedation.
- Close monitoring of their oxygen levels, blood pressure, heart rate and awareness level.

Once the ketamine is given, your child:

- Will become very sleepy and will not feel the pain from the procedure or remember the procedure; this is the desired effect of the ketamine and will allow the procedure to be performed.
- May have random movement of the arms, legs, face, and eyes or make unusual sounds. These are common and will not cause your child any harm.
- May drool or have a lot of saliva. This is a side effect of the medication but does not cause harm. This may need to be suctioned from their mouth.
- May have their eyes open and their eyes may move from side to side, even though the sedation has worked.
- May vomit. If this occurs the vomit may need to be suctioned from their mouth.
- May develop a fast heart rate or high blood pressure. This will resolve and will not cause harm.
- Laryngospasm is a rare complication of ketamine sedation that occurs in approximately 0.1-0.3% of cases. This is an unpredictable side effect of the medication in which the vocal cords spasm, resulting in difficulty breathing. This is a



temporary problem that can be treated by our staff who are specifically trained and equipped to respond to this situation.

- Watching a procedure be performed on your child can be very distressing for parents. Many parents prefer to leave the room after the medicine is given and return once the procedure has finished. Your doctor will discuss the options with you before the procedure.

After the procedure

- Most children recover quickly and uneventfully from this medication.
- Your child may be confused, unsteady on their feet or floppy for a little while, then recover back to their normal selves.
- Occasionally, your child may experience something called “emergence phenomenon” where they appear worried or distressed, have vivid dreams or experience hallucinations after the procedure, typically lasting less than 15 minutes. Being nursed in a quiet, dimly lit environment with a familiar person to comfort them will help if this occurs. Rarely children require a medication to help treat this.
- Your child may vomit. This is not an ongoing problem and usually settles within an hour or two.
- Your child will need to remain in the Emergency Department until they are acting normally, have eaten something and are at their normal level of activity. This can take between one to three hours. They will be reassessed by a doctor or nurse before discharge.

Care at home

- Your child needs to be observed closely by an adult for the next 12 hours.
- Supervise all playing and bathing during this time.
- Do not let your child ride a bike, play on a swing set, cook, swim or do any other activity that may lead to injury in the 24 hours after the sedation.
- Avoid heavy meals for the next few hours. Give your child clear fluids and make their first meal small and light. Your child may have mild nausea or vomiting soon after having ketamine. If frequent vomiting occurs, take your child to the GP or nearest emergency department.
- Your child may be sleepy and want to go to bed after getting home from hospital, even if it is not their bedtime. This is ok, it's been a big day. Check on them while they are sleeping and observe their breathing pattern and skin colour; if concerned make sure they are able to wake briefly.
- Do not leave your child unattended in a car seat. If they fall asleep in the car seat, observe them to ensure they do not have any difficulty breathing.
- Your child may have some recollections of the ketamine sedation, similar to remembering vivid dreams. Please reassure your child that this is normal, a side effect of the medication given and will have no lasting effects.

When to seek medical advice

Please take your child to your local doctor or nearest emergency department if:

- Breathing appears difficult, too shallow, too slow or unusual.
- Skin colour has become very pale or grey.
- If it is unusually difficult to wake your child from sleep.
- If you cannot wake your child or something seems to be wrong with their breathing or if you are very concerned call an ambulance immediately. This is generally safer and quicker than driving them yourself.

If you have any other concerns you should take your child to the GP or emergency department.



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Child and Adolescent Health Service



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