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sedation and analgesia for diagnostic and therapeutic procedures

The number of diagnostic and minor surgical procedures performed on pediatric patients outside of the traditional operating room setting has increased in the past several decades. The goals of sedation in the pediatric patient for diagnostic and therapeutic procedures are as follows: (1) to guard the patient's safety and welfare; (2) to minimize physical discomfort and pain; (3) to control anxiety, minimize psychological trauma, and maximize the potential for amnesia; (4) to modify behavior and/or movement so as to allow the safe completion of the procedure. When both sedation and analgesia are desirable (eg, fracture reduction), either single agents with analgesic/sedative properties or combination regimens are commonly used. Practice Guidelines for Sedation and Analgesia by Non-Anesthesiologists. An Updated Report by the American Society of Anesthesiologists Task Force on Sedation and Analgesia by Non-Anesthesiologists. The Guidelines also exclude patients who are not undergoing a diagnostic or therapeutic procedure (e.g., postoperative analgesia, sedation for treatment of insomnia). Finally, the Guidelines do not apply to patients receiving general or major conduction anesthesia (e.g., spinal or epidural/caudal block), whose care should be provided, medically directed, or supervised by an anesthesiologist, the operating practitioner, or another licensed physician with specific training in sedation, anesthesia, and rescue techniques appropriate to the type of sedation or anesthesia.