

Supplemental Information

APPENDIX 1: RECOMMENDED DISCHARGE CRITERIA

1. Cardiovascular function and airway patency are satisfactory and stable.
2. The patient is easily arousable, and protective airway reflexes are intact.
3. The patient can talk (if age appropriate).
4. The patient can sit up unaided (if age appropriate).
5. For a very young child or a child with disability who is incapable of the usually expected responses, the sedation level of responsiveness or a level as close as possible to the normal level for that child should be achieved.
6. The state of hydration is adequate.

APPENDIX 2: ASA PHYSICAL STATUS CLASSIFICATION*

Class I: a normally healthy patient

Class II: a patient with mild systemic disease (eg, controlled reactive airway disease)

Class III: a patient with severe systemic disease (eg, a child who is actively wheezing)

Class IV: a patient with severe systemic disease that is a constant threat to life (eg, a child with status asthmaticus)

Class V: a moribund patient who is not expected to survive without the operation (eg, a patient with severe cardiomyopathy requiring heart transplantation)

An "E" after the classification would indicate that this is an emergency rather than a scheduled patient.

*Modified to give common pediatric examples; full definitions are available at <https://www.asahq.org/clinical/physicalstatus.htm>.

APPENDIX 3: DRUGS[†] THAT MAY BE NEEDED TO RESCUE A SEDATED PATIENT⁴⁴

Albuterol for inhalation
 Amiodarone
 Ammonia spirits
 Atropine
 Dextrose (D₂₅, etc)
 Diphenhydramine
 Diazepam
 Epinephrine (1:1000, 1:10 000)
 Fentanyl
 Flumazenil
 Lidocaine (cardiac lidocaine, local infiltration)
 Lorazepam
 Methylprednisolone
 Midazolam
 Naloxone
 Oxygen
 Fosphenytoin
 Racemic epinephrine
 Rocuronium
 Sodium bicarbonate
 Succinylcholine

20% Lipid emulsion for local anesthetic toxicity

[†]The choice of emergency drugs may vary according to individual or procedural needs.

APPENDIX 4: EMERGENCY EQUIPMENT THAT MAY BE NEEDED TO RESCUE A SEDATED PATIENT^{†,‡}

Intravenous Equipment

Assorted intravenous catheters (eg, 24-, 22-, 20-, 18-, and 16-gauge)
 Tourniquets
 Alcohol wipes
 Adhesive tape
 Assorted syringes (eg, 1 mL, 3 mL, 5 mL, 10 mL, 20 mL, and 60 mL)
 Intravenous tubing
 Pediatric drip (60 drops/mL)
 Pediatric burette
 Adult drip (10 drops/mL)
 Extension tubing
 Three-way stopcocks
 Intravenous fluid
 Lactated Ringer solution
 Normal saline solution
 D₅0.5 normal saline solution
 Pediatric intravenous boards
 Assorted intravenous needles: 25-, 22-, 20-, and 18-gauge
 Intraosseous needles
 Sterile gauze pads

†The choice of emergency drugs may vary according to individual or procedural needs.

‡The practitioner is referred to the SOAPME acronym described in the text in preparation for sedating a child for a procedure.

Airway Management Equipment

Face masks

Infant, child, small adult, medium adult, large adult

Breathing bag and valve set

Oropharyngeal airways

Infant, child, small adult, medium adult, large adult

Nasopharyngeal airways

Small, medium, large

Laryngeal mask airways (1, 1.5, 2, 2.5, 3, 4, and 5)

Laryngoscope handles (with extra batteries)

Laryngoscope blades (with extra light bulbs)

Straight (Miller) numbers 1, 2, and 3

Curved (Macintosh) numbers 2 and 3

Endotracheal tubes

2.5, 3.0, and 3.5 mm internal diameter uncuffed and 3.0, 3.5, 4.0, 4.5, 5.0, 5.5, 6.0, 7.0, and 8.0 mm internal diameter

cuffed (a cuffed tracheal tube 0.5 size smaller than an uncuffed tube may be used in children >3 months)

Stylettes (appropriate sizes for endotracheal tubes)

Surgical lubricant

Suction catheters (appropriate sizes for endotracheal tubes)

Yankauer-type suction

Nasogastric tubes

Nebulizer with medication kits

Gloves (sterile and nonsterile, latex free)