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 presedation 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.

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 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)

**APPENDIX 3: DRUGS THAT MAY BE NEEDED TO RESCUE A SEDATED PATIENT**

- 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
- Intravascular 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)