



FOX VALLEY MEDICAL STAFF PROCEDURAL SEDATION QUIZ

- A. Please review the Sedation Education available at <https://www.pediatrics.wisc.edu/education/sedation-program/sedation-education/>
- B. Please review the Procedural Sedation policy and procedure available at <https://www.childrenswi.org/staff>. Click on Children's Wisconsin-Fox Valley. Under Relevant Policies and Procedures, click on Procedural Sedation.
- C. Please send completed quiz to dwoods@childrenswi.org.

Match the sedation category with its definition:

- | | |
|----------------------------|--|
| 1. _____ Minimal Sedation | A. A drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. |
| 2. _____ Moderate Sedation | B. A drug-induced depression of consciousness during which patients cannot be easily aroused, but respond purposefully following repeated or painful stimulation. |
| 3. _____ Deep Sedation | C. A drug-induced state during which patients respond normally to verbal commands. |

Please circle correct answer:

- 4. When preparing a patient for a procedure, which of the following statement(s) is the best answer?
 - a. A dose of IV midazolam may be ordered by the physician by phone while en route to the bedside, no more than 10 minutes away.
 - b. A dose of PO midazolam may be ordered by the physician by phone while en route to the bedside, no more than 20 minutes away.
 - c. When IV midazolam is ordered, the physician must be immediately available.
 - d. Both b and c are correct.
 - e. All, a, b and c are correct.
- 5. According to the Ramsey sedation scale, "minimal sedation" is defined as "spontaneously awake without stimulus" and "moderate sedation" is defined as "arouses to consciousness with moderate tactile or loud verbal stimulus."
True or False
- 6. For all levels of sedation, "the person performing the procedure must not be the person monitoring the patient."
True or False

7. Prior to performing a procedure with sedation, a history, physical and patient risk assessment must be performed. Which of the following characterize patients at higher risk?
- Inadequate NPO time
 - Stridor when awake or history of sleep apnea
 - Active vomiting or history of significant GE reflux or aspiration
 - Hypovolemia or history of cardiac disease
 - All of the above
8. Use of opiates for sedation (instead of or in addition to analgesia) is generally safe and falls into the “minimal sedation” category.
True or False

For the following medications given to a 10 kg child, match an appropriate dose for the given route:

- | | |
|-------------------|----------------------------|
| 9. Midazolam PO | a. 1 mg |
| 10. Midazolam IV | b. 0.1 mg (100 mcg) |
| 11. Fentanyl IV | c. 0.01 mg (10 mcg) |
| 12. Flumazenil IV | d. 2.5 mg |
13. In preparing a patient for a procedure, how soon prior to the procedure should PO midazolam be given?
- 1-2 minutes
 - 15-30 minutes
 - 2 hours
14. The person monitoring the patient must be present at the bedside at all times during minimal sedation?
True or False
15. What is the most important monitoring element when using sedation for procedures in children?
- Supplemental oxygen
 - Cardiac monitoring
 - A designated person continually observing the child’s face, airway and chest wall movement
 - Having pediatric crash cart at bedside
16. For each of the following, place an “X” in the column if a requirement for “minimal sedation” (MIN) and/or “moderate sedation” (MOD):

	MIN	MOD
Pre-procedure signed consent to sedation		
Continuous presence in room of patient monitor		
Pulse Oximetry and Vital Sign recording		
Special privilege must be applied for		
Sedation medication must be ordered by physician		

According to the AAP NPO guidelines, for the following ingested materials, match the minimum fasting period required before elective sedation:

- | | | |
|-------------------------------------|-----------|---------|
| 17. Clear liquids | a. | 6 hours |
| 18. Breast milk | b. | 4 hours |
| 19. Infant formula or nonhuman milk | c. | 2 hours |
| 20. Light meal | | |

21. According to the AAP NPO guidelines, children > 6 months old may take solids and non-clear liquids up to 6 hours prior to procedures.

True or False

22. According to the AAP NPO guidelines, infants may take breast milk up to 4 hours prior to procedures.

True or False

23. Combination of an opiate (eg. Morphine) and a sedative/hypnotic (eg. Versed) always puts a patient in a higher risk category.

True or False

24. The appropriate initial dose of IV Midazolam for procedures is 0.05 - 0.1 mg/kg.

True or False

25. Among the following, when is a child at highest risk for respiratory depression during procedural sedation?

- a.** When the procedure starts due to the increase in stimuli
- b.** Twenty minutes after intravenous administration of medication
- c.** During the period immediately after the end of the procedure due to decrease in stimuli
- d.** One to two minutes after intra-muscular administration of medication

26. For a child in sedative-induced respiratory arrest, the most appropriate immediate response is to correctly position the head and neck and apply positive pressure ventilation with a properly sized bag and mask.

True or False

27. Considerations with the administration of naloxone (Narcan) include all of the following EXCEPT:

- a.** Appropriate as a reversal agent for midazolam (Versed)
- b.** Onset of action is 1-2 minutes
- c.** Duration of action is shorter than most opioid agonists
- d.** High doses may cause pulmonary edema, arrhythmias, hypertension, or tachycardia

28. Reversal agents (flumazenil and naloxone) have a shorter half-life than opioids and benzodiazepines, necessitating close monitoring for the potential of re-sedation for 90 minutes or until the child returns to base line status, whichever is later.

True or False

Signature

Date

Printed Name