ANALGESIA FOR CHEST DRAIN REMOVAL

Introduction

Chest drain removal in children can be distressing. Analgesia should be provided for all fully awake patients. To be rapidly and reliably effective, analgesia needs to be given intravenously. Intravenous ketamine is an ideal agent in that it provides intense analgesia and amnesia and some degree of immobility while not adversely affecting the airway or circulation. It will cause an increase in secretions and in older children may cause distressing dysphoria.

Beware of giving sedation to patients who are already obtunded with analgesics or sedatives. Patients who are heavily sedated due to prior sedatives and/or opioids should be reviewed by medical staff before further analgesia is given.

Dosage

Age < 1 year

Do not cease feeding.
Give bolus of morphine (20mcg / kg) if required and remove drains.

Age > 1 year

Cease feeds – 6 hours food/formula. 2 hours clear fluid.
<10 years Ketamine 0.5mg / kg IV
10 years + Fentanyl 0.5mcg / kg IV.

Documentation - All analgesia needs to be charted by medical staff on the drug chart and signed for when given. This includes boluses from infusion pumps.

Preparation and Equipment

- Patients receiving ketamine should be NPO as follows:
  food/formula 6 hours
  breast milk 4 hours
  clear fluids 2 hours
This means that if the likelihood of drain removal is high in the morning do not give the patient their early morning feed/breakfast.

- Child is on a continuous ECG and saturation monitor

- All emergency equipment available at bedside (suction and airway equipment available and working)

- Medical officer informed and is available in PICU prior to giving ketamine

Discharge to Ward

Child needs to be alert and rousable prior to discharge.