

Pediatric Sedation Research Consortium: Variables Collected

1. Patient information

- Age (in years; in years and months when < 3 years old)
- Gender
 - o Female, Male, Non-binary
- Weight (kg)
- Length/height, if available (cm)
- ASA status
 - o I, II, III, IV, IE, IIE, IIIE, IVE, unknown
- NPO status
 - o Clears, breast milk, non-fat solids or milk, full meals.

2. Procedure information

- Procedure date (collected initially, but removed when record is submitted to database)
- Procedure(s) performed
 - o Laryngoscopy, bronchoscopy, echocardiogram, cardioversion, vascular access (central), vascular access (peripheral), upper endoscopy, colonoscopy, radiation therapy, bone marrow biopsy, LP, MIBG, dental, ophthalmology, ABR/ BAER, EEG, EMG, abscess I&D, laceration repair, burn debridement /dressing change, wound care/dressing change (non-burn), botox, cast or splint placement, orthopedic reduction, joint infection, MRI, CT, nuclear medicine, renal biopsy, renal scan, VCUG, bladder catheterization, exam under sedation, FB removal, other painful procedure, other non-painful procedure.
- Primary reason for procedure
 - o Categories include: Burn injury, cardiovascular, congenital abnormalities, craniofacial, dental, dermatologic, developmental/behavioral, foreign body, GI, metabolic, neurological, obesity, oncology, ophthalmology, orthopedic, prematurity, psychiatric, renal, respiratory (lower), respiratory (upper), rheumatologic, s/p transplant, s/p trauma activation/evaluation, seasonal allergies, snoring, wound management, unknown growth or mass, other.
- Co-existing medical problems
 - o Same as “Primary reason for procedure”.

3. Sedation overview

- Responsible provider
 - o Advanced practice nurse/PA, anesthesiologist (general), anesthesiologist (pediatric), dentist (general), dentist (pediatric), emergency medicine (general), emergency medicine (pediatric), hospitalist, intensivist, pediatrician (general), pediatrician (subspecialty not listed above), radiologist, RN, fellow, resident, other.
- Sedation location(s)
 - o Dental office, pediatric clinic, radiology, sedation unit, cath lab, critical care, ED, endoscopy suite, OR, pediatric floor, radiation oncology unit, burn unit, nuclear medicine, other.
- Monitors used
 - o None, BIS, BP, direct observation, EKG, ETCO₂, impedance pleth, inspired/expired gas monitoring, precordial/pretracheal stethoscope, SpO₂, temperature, other.

4. Pre-sedation/induction/maintenance phases

- Medications administered (including name of medication, route of administration, dose)
 - o Propofol, dexmedetomidine, ketamine, etomidate, midazolam, phenobarbital, chloral hydrate, fentanyl, morphine, hydromorphone, ketorolac, ibuprofen, acetaminophen, nitrous oxide, inhalational anesthetics, other.
 - o IV, IN, IM, PO/GT, PR, inhalational
 - o mg, mg/kg, mcg, mcg/kg, mg/kg/h, mg/h, mcg/kg/min, mcg/min, %
- Interventions administered (including type of intervention, reason, when administered, and event prompting intervention)
 - o BMV, CPAP/PEEP, ETT/NTT, jaw thrust, neck roll, NP airway, oral airway, supplemental oxygen, suction, supraglottic/LMA, chest compressions, child life specialist, distraction, physical restraints, medications (eg. Glycopyrrolate, diphenhydramine, epinephrine, isotonic fluid bolus), RRT/code team/emergency anesthesia called, unanticipated pause in procedure, discontinued procedure, aborted procedure, unplanned hospital admission or increase in level of care, other medication, other non-medication
 - o Pre-emptive, in response
 - o Apnea, airway obstruction (complete or partial), laryngospasm, clinical/radiologic suspicion for pulmonary aspiration, coughing, excessive secretions, hypoxia, wheezing/bronchospasm, cardiac arrest, bradycardia, hypotension, hypertension, seizure, inadequate depth of sedation, agitation/delirium (non-paradoxical), myoclonus or muscle rigidity, paradoxical response, death, hypothermia, vomiting, allergic reaction (anaphylaxis, non-anaphylaxis), prolonged/longer than anticipated duration of recovery, other.