

Comprehensive Medical and Dental Program Authorization Guideline

Subject: Pediatric Procedural Sedation

Unit: Health Services

Purpose

This guideline is used in the decision-making process regarding prior authorization for pediatric procedural sedation for non-invasive or mildly painful procedures.

This guideline does not represent a standard of care, nor is it intended to dictate an exclusive course of management. Since medical research, physician practice patterns, and health care technology are continuously evolving, please note that the information contained in this guideline may be updated.

Goals of Sedation

The goals of sedation in the pediatric patient for diagnostic and therapeutic procedures are to:

- 1) guard the patient's safety and welfare
- 2) minimize physical discomfort and pain
- 3) control anxiety, minimize psychological trauma, and maximize the potential for amnesia
- 4) control behavior and/or movement so as to allow the safe completion of the procedure
- 5) return the patient to a state in which safe discharge to home can safely occur

These goals can best be achieved by selecting the lowest level of sedation with the highest therapeutic index for the procedure (minimal distress for patient) and highest likelihood of success in completing the procedure in a timely fashion.

Each sedation should take into account the type of procedure that will be performed (i.e., painful vs. non-painful) and the age, developmental status, and personality type of the child. Thought should always be given to how a procedure could be accomplished without medication through the use of emotional support and/or distraction techniques.

Definition

Sedation is a medically controlled state of depressed consciousness or unconsciousness. Sedation can be divided into conscious sedation (minimal to moderate), deep sedation, and general anesthesia. In conscious sedation, the patient maintains the ability to respond to external stimulation. In deep sedation, patients are not easily aroused. In general anesthesia, patients are not arousable by stimulation. The table below illustrates how the different levels of sedation may be assessed.

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Sedation Level	Verbal Response	Pain Response	Airway Response	Breathing	Circulation
Anesthetic Overdose	0	0	0	0	0/+
Anesthesia	0	0	0	0/+	++
Deep Sedation	0	+	+	++	+++
Moderate Sedation	+	++	+++	+++	+++++
Minimal Sedation	+++	++++	++++	+++++	+++++
No Sedation	+++++	+++++	+++++	+++++	+++++

The important clinical distinction between these states revolves around the ability of the patient to maintain his or her protective reflexes. The minimal and moderate sedated patient maintains protective reflexes, such as gagging and swallowing, and therefore can keep his or her airway patent without assistance. The deeply sedated patient may lose these reflexes and may not be able to maintain his or her airway. The patient under general anesthesia has lost protective reflexes and is unable to maintain his or her airway.

Procedures Likely to Require Procedural Sedation

- MRI
- Bone Scan
- Skeletal Survey
- Dental Procedures:
 - fearful, anxious patients for whom basic behavior guidance techniques have not been successful;
 - patients cannot cooperate due to a lack of psychological or emotional maturity and/or mental, physical, or medical disability;
 - patients for whom the use of sedation may protect the developing psyche and/or reduce medical risk;
 - patients that are extremely uncooperative, fearful, anxious, or uncommunicative;
 - patients requiring significant surgical procedures;
 - patients for whom local anesthesia is ineffective because of acute infection, anatomic variations, or allergy.

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Signature on File
CMDP Medical Director

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