Gleneagles Hospital
HONG KONG
港怡醫院

Hosp No. :	HKID No.:
Case No. :	
Name :	
DOB :	M / F
Adm Date :	
Contact No. :	

Procedure Information Sheet – Use of Oral Choral Hydrate for Sedation in Children

1. **What is Oral Sedation?**
   1.1. Oral sedation can help a child reduce anxiety or discomfort; and to keep your child still to enhance cooperation when undergoing non-invasive procedure. The most commonly used medication for oral sedation is Choral Hydrate. Choral Hydrate has been used safely in hospitals for many years. Doctor will assess if the children is suitable for this medicine.
   1.2. Chloral Hydrate will take around 30-45 minutes for the medication to have sedating effects. Most children will go into light sleep or become drowsy which they can be aroused easily. However, the effects of medication may vary from individual child.

2. **Common Procedures Require Sedation:**
   2.1. Radiological imaging e.g. MRI, CT scan with contrast, Nuclear medicine studies
   2.2. Electroencephalogram (EEG)
   2.3. Echocardiogram
   2.4. Hearing test and Eye examination

3. **Risks of Sedation**
   3.1. Some children may become very sleepy or hyperactive.
   3.2. In rare occasions, it may affect breathing, heart instability or complicated by aspiration. A doctor or nurse will be there to monitor your child's breathing and saturation level.
   3.3. Serious long-term side effects are not common.

4. **Instruction before Sedation**
   4.1. Before the appointment, try to keep your children awake as much as possible as this helps the drug to be more effective.
   4.2. Depending on type of procedures, your doctor will advise on the need and duration of fasting:
      4.2.1. Procedures requiring mild sedation only such as EEG, Echocardiogram, Hearing test and Eye examination.
         4.2.1.1. No solid food/ milk/ clear fluid 2 hours before appointment time or
         4.2.1.2. No fasting
      4.2.2. Other procedures that may require more sedation such as Radiological imaging
         4.2.2.1. No solid food/formula milk 6 hours before your appointment time
         4.2.2.2. No breastmilk 4 hours before appointment time
         4.2.2.3. Nothing by mouth including clear fluid (water, glucose water) 2 hours before Appointment time
   4.3. It is important to keep your child from being dehydrated. Before the 2 hours' limit, you should give your child more clear fluid. If you have an early appointment. You may want to awaken your child earlier to give him/her fluid and allow them back to sleep.

5. **Instruction during Sedation**
   5.1. No food or drinks should be given.
   5.2. Accompany child at all times unless instructed by our staff.
   5.3. Nurse will attach a sensor to your child and monitor your child's breathing, pulse and saturation level.

6. **Care after Sedation**
   6.1. Children should be fully conscious before he or she can eat or drink.
   6.2. Children should try clear fluid first. If no choking or vomiting, then he or she can eat usual diet.
   6.3. Children should be able to tolerate usual diet before discharge.
   6.4. Child must be accompanied by a guardian or responsible adults when discharge.

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7. Care at Home

7.1. Children's balance and coordination can be affected for up to 8 hours afterwards. You are required to supervise child during this time for all activities such as toileting, bathing, and physical activities.

7.2. Children should avoid sport or activities in the playground for the remaining day.

7.3. If your child suddenly become drowsy and unable to wake him or her up when home, you should consult doctor for further investigation.

8. Failure of Oral Sedation

8.1. If the sedation fails, doctor shall assess the urgency of procedure and discuss with you on further plan of procedure or need consultation of other specialists for further sedation.

9. References

9.1. The Royal Children's Hospital in Melbourne. Fact sheet on Sedation (Chloral Hydrate) for procedures:

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: ____________________

Patient/ Relative Name: ____________________

Date: ____________________