NATIONAL CLINICAL GUIDELINE CENTRE (NCGC)

GUIDELINE ON SEDATION FOR DIAGNOSTIC AND THERAPEUTIC PROCEDURES IN CHILDREN AND YOUNG PEOPLE

Sixth Guideline Development Group Meetings

Thursday 11th June 2009 (Time: 10.00 - 16.30)

Location: Derwent Room, National Institute for Health and Clinical Excellence, MidCity Place, 71 High Holborn, London WC1V 6NA

PRESENT:

GDG MEMBERS

Mike Sury (MS)-Chair, Paul Averley (PA), Peter Crean (PC), Nick Croft (NC), Nick Girdler (NG), Susan King (SK), Christina Liossi (CL), Liz McArthur (LM), Heather McLelland (HM), Neil Morton (NMo), Farrah Pradhan (FP), Daniel Wallis (DW), Madeleine Wang (MWg)

NCGC TECHNICAL TEAM (TT)

Ian Bullock (IB), Emily Crowe (EC), Sarah Davis (SD)-arrived at 11.00, Kathy De Mott (KDM), Nahara Martinez (NMa), Fulvia Ronchi (FR)

APOLOGIES:

Nick Girdler (NG), Anayo Akunne (AA), Sue Latchem (SL)

ITEM AGENDA		ACTION
1. Welcome and apologies for absence 2. Minutes of the last meeting 3. Declaration of interests	MS welcomed everyone to the 6th GDG meeting. Apologies were received from SL, NG and SL. MS asked members to look through the minutes from the last meeting. MS asked GDG members if there were any points to share relating to accuracy, and also asked for any matters arising from the previous meeting. As minutes could not be circulated in advance due to IT problems, GDG members felt that they needed more time to consider the minutes and asked to confirm their accuracy by email. GDG members asked whether it was possible to access to the internal technical team action points immediately after each GDG meeting. Technical Team agreed this request.	**FR to circulate minutes of GDG 4 and 5 to GDG members for them to comment** **FR to circulate internal technical team action points immediately after each GDG meeting**
4. Introduction (Ian Bullock)	IB informed GDG members of changes related to the merging of the four National Collaborating Centres.	
5. Progress update and main aims of day (Fulvia Ronchi)	FR explained the progress so far and the main aims of the meeting.	
6. Drugs Review - Exclusion and Inclusion Criteria- (Emily Crowe)	EC asked GDG members to confirm exclusion and inclusion criteria for drug review. GDG members advised dividing procedures into painful and painless as follows: PAINFUL PROCEDURE — PAINLESS PROCEDURE DENTAL – any procedure — IMAGING – CT scanning ENDOSCOPY – upper/lower GI — IMAGING – MRI scanning	**TT to take into consideration GDG members' final agreement on:** • **exclusion and inclusion criteria for drug review** • **Included and excluded procedures**

	Suture of lacerations (wound repair) Lumbar puncture Bone marrow aspirations Insertion of peripheral venous cannulae (but only when the cannulation itself is the procedure i.e. we are NOT interested in studies that use sedation prior to general surgery) Changing surgical dressings (minor /moderate burn dressing; nasogastro tubes; orthopedic procedures (fractures i.e.); urinary catheters; Insertion of percutaneous intravenous catheters (central line; long-term line, central venous catheter) Any kind of biopsy GDG members confirmed that they want to exclude the following procedures because they are carried out in specialised departments or are uncommon: • Cardiac angiography • PCI (stenting) • cystourethrography GDG members confirmed that they want to include the following procedures: • Care of BURN wounds – include if MINOR to moderate burns • Cardiac echocardiology under painless procedure • Transesophageal echocardiology – painful and falls under endoscopy GDG members confirmed the following outcomes for efficacy of sedation:	• **outcomes for efficacy of sedation** • **outcomes for adverse events**

	1. Completion of procedure 2. Behavioural ratings including: a. pain as assessed using validated pain scales such as FACE, VAS, CHEOPS b. procedural distress as assessed by validated scales such as OSBD c. Parent/patient satisfaction 3. Sedation timing including a. Length of induction (defined as time from administration of sedation drug to initiation of procedure) b. Length of recovery (defined as time from completion of procedure to recovery criteria being met c. Total time of procedure GDG members confirmed the following outcomes for adverse events: 1. Aspiration 2. Vomiting 3. Oxygen saturation <90% because <90% is an SAE 4. Respiratory intervention, including: a. oral-pharyngeal airway b. intubation c. assisted ventilation 5. Cardiac arrest requiring either/or: a. external cardiac massage b. defibrillation 6. Mortality (hardly ever reported – but in retrospective studies/non RCT studies) It was specified that TT would consider the above adverse events at any time after drug administration. It was decided that the setting in case of heterogeneity would be considered.	**TT to consider the setting in**

		case of heterogeneity.
7. Opioids (Ian Bullock)	GDG members confirmed that they were only interested in the following opioids used as sedatives in their own right: • Only IV morphine • Only IV fentanyl • IN diamorphine NM pointed out that there is a research project on diamorphine at the moment.	**TT to consider opioids used as sedatives in their own right:** • **Only IV morphine** • **Only IV fentanyl** • **IM diamorphine**
8. GRADE pro (Emily Crowe)	EC presented GRADE pro to GDG members.	
9/10. Midazolam Review (Nahara Martinez)	NM presented the results of Midazolam review. GDG members expressed their concerns in relation to ethical approval for Liacouras 1998 study. GDG members pointed out that completion of procedure is not the same of completion of the trial. Therefore any study that does not specify if patients have completed the procedure will be downgraded. GDG members conveyed the importance of considering efficacy results and safety results for the same drugs before giving their clinical interpretations. TT informed GDG members on the need to consider the cost effectiveness results in order to take a final decision on recommendations.	**Nahara to check ethical approval for Liacouras 1998 study.** **NMo to downgrade any study that does not specify if patients have completed the procedure**. **GDG member to make clinical interpretations of a specific drug during GDG meetings after TT has presented both safety and efficacy review on the same drug. MS to provide a summary of evidence statements to facilitate the process.**
11. Ketamine Review (Kathy De Mott)	KDM presented the results of Ketamine review. GDG members discussed the potential recommendations on the most important	

	combination of drugs used in different settings. TT informed GDG members that no papers would be available on Claromentis due to copyright legislation. GDG members conveyed the importance of developing an algorithm. NMo volunteered to work on it with the TT.	**TT to develop an algorithm with NMo**
12.Discussion Documents (Fulvia Ronchi)	FR presented an example of Discussion Document. Some GDG members accepted to lead the work on Discussion Documents. Leads on Discussions Documents are as follows: • Liz for Assessment • Susan for Preparation • Madeleine for Pt's information • Heather for Monitoring • Nick G for Training	**FR to upload onto Claromentis:** **- All Discussion Documents** **- GDG email distribution lists** **- Slides with suggestions on how to use Claromentis** **Leads for Discussion Documents to start working on Claromentis.**
13. Children Involvement (Ian Bullock)	IB informed GDG members on ethical approval difficulties. Different alternatives and budgeting issues have been explored by GDG members.	**IB to work with MWg, FP, CL and LM on how to implement the children involvement project into the guideline.**
14. Sedation Timelines (Fulvia Ronchi)	FR informed GDG members on future GDG meetings. Several GDG members confirmed that they were not able to attend GDG meetings in October and February.	**Emma to circulate alternative dates for October and February to GDG members.**
15. Any other business	There was no other business to discuss.	
16. Close and date of	MS closed the meeting and thanked everyone for attending.	**Next GDG meeting will be held**

next meeting.		**on Thursday 23rd of July 2009 (Time: 10-4pm)** **Location: Willan Room, Royal College of Physicians,11 St Andrews Place, Regents Park, London, NW1 4LE**