

NATIONAL CLINICAL GUIDELINE CENTRE (NCGC)

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

Fourth and Fifth Guideline Development Group Meetings

Monday 27th (Time: 10.00 - 16.30) and Tuesday 28th (Time: 09.00 - 16.30)

April 2009

**Location: Meeting Room, National Clinical Guideline Centre,
Regent's Place -4th Floor- 338 Euston Rd, London, NW1 4BT**

DAY 1

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), Madeleine Wang (MWg)

NCGC members:

Ian Bullock (IB), Emily Crowe (EC), Sarah Davis (SD), Anayo Akunne (AA), Nahara Martinez (NMa), Fulvia Ronchi (FR)

Apologies:

Daniel Wallis (DW)

AGENDA ITEM	DISCUSSION/OUTCOME	ACTION
1. Welcome and apologies for absence 2. Minutes of the last meeting 3. Declaration of interests	<p>MS welcomed everyone to the meeting.</p> <p>EC and FR were welcomed to the group as this was their first meeting.</p> <p>Apologies were shared with the group.</p> <p>MS asked if there were any updates to individual Dol's. There were no updates to Dols.</p> <p>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.</p> <p>There were no matters arising.</p>	
4. Progress update and main aims of day (Ian Bullock)	IB explained the progress so far and the main aims of the meeting.	
PICO WORKSHOP		
5. Introduction (Fulvia Ronchi and Emily Crowe)	FR presented the PICO Workshop material to all GDG members and technical team.	
6. Subgroup Work	FR placed GDG members and technical team into workshop groups.	
7. Assessment (Subgroup A) - Presentation and Discussion -	A representative of each Subgroup presented to all GDG members	Technical Team to devise Discussion Documents for

AGENDA ITEM	DISCUSSION/OUTCOME	ACTION
8. Preparation and Communication (Subgroup B) - Presentation and Discussion –	<p>the results of the PICO workshop.</p> <p>All GDG members discussed the results of PICO workshop on:</p> <ul style="list-style-type: none"> - Assessment - Preparation and Communication - Clinical Environment and Monitoring - Training and Competencies 	<p>Assessment, Preparation and Communication, Clinical Environment and Monitoring, Training and Competencies and to upload them onto Claromentis to facilitate discussion.</p>
9. Clinical Environment and Monitoring (Subgroup C) - Presentation and Discussion –		
10. Training and Competence (Subgroup D) - Presentation and Discussion –		
EXECUTIVE SUMMARY WORKSHOP		
11. Introduction (Fulvia Ronchi)	<p>There was not enough time to discuss this item agenda.</p>	
12/13. Subgroup Work		
13. Subgroup Work		
14. Work Plan for Day 2 (Ian Bullock)	<p>FR introduced briefly the Executive Summary Workshop and placed it as first item of the agenda for the next day.</p> <p>IB thanked everyone for all the hard work done.</p>	
15. Any other business	<p>There was no other business to discuss.</p>	
16. End of Day 1	<p>MS closed the meeting and thanked everyone for attending.</p>	
17. Social Gathering		

DAY 2

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), Madeleine Wang (MWg)

NCGC members:

Ian Bullock (IB), Emily Crowe (EC), Sarah Davis (SD), Anayo Akunne (AA), Maggie Westby (MWy), Nahara Martinez (NMa), Fulvia Ronchi (FR)

Apologies:

Daniel Wallis (DW)

AGENDA ITEM	DUSCUSSION/OUTCOME	ACTION
1. Welcome and apologies for absence 2. Minutes of the last meeting 3. Declaration of interests	This item of the agenda was covered on the first day.	
4. Progress update and main aims of day (Ian Bullock)	IB explained the main aims of the meeting.	
EXECUTIVE SUMMARY WORKSHOP		

AGENDA ITEM	DISCUSSION/OUTCOME	ACTION
5. Subgroup Work	FR presented the Executive Summary Workshop material to all GDG members and technical team. FR placed GDG members and technical team into workshop groups.	
WRITING DRAFT RECOMMENDATIONS		
7. Introduction (Fulvia Ronchi)	FR informed GDG members about the purpose of the discussion. GDG members agreed on drafting the recommendations and on continuing the discussion between GDG meetings using Discussion Documents uploaded onto Claromentis.	
8. Assessment (Subgroup A) - Presentation and Discussion -	GDG members started drafting recommendations on: <ul style="list-style-type: none"> - Assessment - Preparation and Communication - Clinical Environment and Monitoring - Training and Competencies. 	Technical Team to include draft recommendations into relevant Discussion Documents on Claromentis
7. Preparation and Communication (Subgroup B) - Presentation and Discussion –		
8. Clinical Environment and Monitoring (Subgroup C) - Presentation and Discussion-		
9. Training and Competence (Subgroup D) - Presentation and Discussion -		
9. Finalising Review Questions (Maggie Westby and Emily Crowe)	DRUGS REVIEW QUESTIONS GDG members discussed the following drugs: <ul style="list-style-type: none"> • MIDAZOLAM or TEMAZOPAM 	For Drugs Questions Review, Technical Team to: <ul style="list-style-type: none"> • Consider separately different routes of administration for Midazolam or Temazopam

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	<ul style="list-style-type: none"> • KETAMINE • PROPOFOL • NITROUS OXIDE • CHLORAL HYDRATE or TRICLOFOS SODIUM • SEVOFLURANE or ISOFLURANE • MELATONIN • CLONIDINE • OPIOIDS <p>The aim of the discussion was to determine which drugs need to be reviewed.</p> <p>Technical team informed GDG members that it is possible to make recommendations only on drugs that have been reviewed.</p> <p>If there is concern that a particular drug commonly used could potentially harm patients, a specific review on that drug needs to be done. GDG members could write recommendations to discourage the use of a particular drug only if the review confirms the danger of using that drug.</p> <p>NMo expressed his concern about adverse events associated with Opioids.</p> <p>NMa informed GDG members that more than 1,000 abstracts have been found for adverse events for Opioids.</p> <p>MWy suggested narrowing down the safety review. In order to</p>	<ul style="list-style-type: none"> • Consider Sevoflurane and Isoflurane as a low priority review • Exclude Melatonin and Clonidine from the review • Consider Opioids primarily used for sedation acknowledging that there is an analgesia component as well

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	<p>accomplish that, it was suggested that specific doses of drugs for sedation and combinations of drugs of primary interest were identified</p> <p>MWy informed GDG members that it is advisable to consider all types of research design and not only RCT papers concerning adverse events.</p> <p>EC informed GDG members that if a particular drug is not licensed for a specific use but is commonly used in clinical practice we are allowed to review that drug.</p> <p>PSYCHOLOGICAL PREPARATION ORIGINAL CONSENSUS QUESTION n.4: “What standard psychological preparation should be used for patients who are going to receive sedation?”</p> <p>IB clarified that the remit for this guideline was to look at safety and efficacy for sedation and not to consider psychological intervention alone.</p> <p>GDG members confirmed that it is important to consider preparation prior to sedation, during sedation and after sedation.</p> <p>MWg expressed her concern about considering provision of information synonymous with usual care. GDG members agreed on that.</p> <p>PSYCHOLOGICAL INTERVENTION Technical Team confirmed that the review concerning psychological</p>	<p>For Psychological Preparation (Original Consensus Questions n.4), IB and CL to meet and to produce narrative review for Discussion Documents on PREPARATION</p> <p>GDG members to consider writing recommendations on preparation prior/during and after sedation.</p> <p>Technical Team not to consider provision of information synonymous with usual care</p> <p>Technical Team to review: SEDATION DRUGS plus psychological interventions versus</p>

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	<p>intervention will consider sedation drugs plus psychological interventions versus sedation drug alone.</p> <p>FASTING ORIGINAL CONSENSUS QUESTION n.6: “Should patients be fasted before sedation?”</p> <p>Fasting is part of the scope. Safety review may inform this question. However some uncertainties around how to deal with this question have been expressed by GDG members and by the Technical Team.</p> <p>VALIDATED TOOLS ORIGINAL CONSENSUS QUESTION n.3 “What validated tools should be used to support assessment?”</p> <p>GDG members confirmed that there are validated tools to assess anxiety levels, temperament, & cooperation skills in children.</p> <p>MWg expressed her concern about defining precisely psychological intervention.</p> <p>ADVERSE EVENTS FOR SAFETY REVIEW GDG members started to discuss the most important adverse events. Preliminary results of the discussion include the following:</p> <ul style="list-style-type: none"> • Death 	<p>SEDATION DRUG ALONE</p> <p>IB to contact NICE regarding fasting</p> <p>GDG members to volunteer for writing narrative review on validated tools</p> <p>Technical Team to define psychological intervention in the Glossary of terms in the full Guideline</p> <p>NMo to provide relevant papers to prioritize adverse events for safety review</p>

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	<ul style="list-style-type: none"> • Aspiration • Vomiting and nausea • Use of reversal agents (to reverse sedation) • Laryngeal spasm <p>Serious Adverse Events:</p> <ul style="list-style-type: none"> • Cardiovascular event requiring intervention • Respiratory arrest • Anaphylaxis • Cardiac arrhythmia • Cardiac arrest (asystole arrest) • Seizures • Hypotension 	<p>Technical Team to define final adverse events for safety review with GDG members' guidance</p>
<p>11. Discussion Documents using Claromentis (Fulvia Ronchi)</p>	<p>This item of the agenda was partially covered due to IT problems.</p>	<p>FR to produce slides to inform GDG members how to check in/out Discussion Documents uploaded onto Claromentis</p>
<p>12. Any other business</p>	<p>There was no other business to discuss.</p>	
<p>Close and date of next meeting – Thursday 11th of June 2009.</p>	<p>MS closed the meeting and thanked everyone for attending.</p>	