Information about your Child’s Sedation

The type of sedation given will depend on the test needed. Your child’s level of anxiety, medical history, current condition, and previous sedation history. Sometimes there are unpleasant side effects from the use of sedation medications; including nausea, vomiting, prolonged sleep or drowsiness, allergic reactions, fussiness, or difficulty breathing. In rare instances, the physician might decide to keep your child in the hospital for overnight observation.

LENGTH OF HOSPITAL STAY and the SEDATION PROCESS:
Plan on being in the hospital for at least of 4 hours. This includes registration, the pre-sedation assessment, starting an IV (for IV sedation), administration of the sedation medication, the diagnostic test, and the recovery period. Most of these diagnostic tests are done in our Diagnostic Imaging department. After the test is completed, your child will be transferred to the Post Anesthesia Care Unit (PACU) to complete the recovery process. The PACU visitor policy permits only one adult visitor and no children. Please consider this if you are bringing your other children with you. You can take your child home once he/she meets our sedation discharge criteria or returns to his/her pre-sedation level.

PRE-ADMISSION REGISTRATION:
Call our Registration department at 983-8260 or our toll free number at 1-866-276-0881 (open 24/7) at least 2-5 days before the scheduled test. Tell them that your child is scheduled for sedation and a diagnostic test.

If you are the foster parent for this child, please provide the name and contact number of the State of Hawaii social worker who is assigned to your child. The Admissions/Registration staff will contact the social worker to obtain the necessary and signed admission consents. Informed consent with the physicians is also required so a parent/guardian must be present or available by phone for consent.

SEDATION REQUIREMENTS

❖ PRE-SEDATION MEDICAL CLEARANCE:
Call your child’s pediatrician to schedule an appointment for a “Pre-Sedation Evaluation” or medical clearance, within 30 days of the scheduled diagnostic test. Please ask your pediatrician for a copy of the completed “Procedural Sedation History & Physical” form and bring it with you on the day of the test. If your child has an active illness/infection (fever, cough, wheezing, cold, runny nose, diarrhea, or vomiting), current or recent history of contagious disease such as chicken pox, measles, tuberculosis (TB), mumps, rubella, or pertussis (whooping cough), please call your child’s doctor. Your child’s doctor may want to reschedule the test to a later date. The KMCWC sedation team staff will also do a final medical clearance of your child, on the day of the test. If they determine that your child has an active illness/infection, they will probably cancel the test.

❖ RESCHEDULED/CANCELLED TESTS:
If your child’s diagnostic test needs to be rescheduled due to an illness/infection, family matters, or other scheduling problems, you or your child’s physician must contact the Diagnostic Imaging (983-8627) or Audiology department (983-8235 - if a hearing test was scheduled) to re-schedule the test. Please note that the Pre-Sedation Evaluation appointment with your child’s doctor might likely need to be repeated since this must be done within 30 days of the rescheduled test.

❖ SLEEP DEPRIVATION:
For all EEG studies, the EEG will be more accurate, and it will be easier for your child to fall asleep if he/she is already slightly sleepy. Allow no more than 6 hours of sleep the night before and NO NAPS after your child wakes up the morning of the test. We recommend that there be a 2nd adult available during the car ride to the hospital; one adult driving and the other to prevent your child from sleeping/napping. The more tired and sleepy your child is upon arrival to the hospital, the faster your child will fall sleep. Please note that we must often reschedule tests because some children will not fall asleep without sleep deprivation.
FEEDING SCHEDULE for day of test:
• Heavy meal with fried or fatty food is **8 hrs prior** to the scheduled sedation time.
• Last SOLIDS (includes milk, formula, broth, Jello) is **6 hrs prior** to the scheduled sedation time.
• Last breast milk is **4 hrs** prior to the schedule sedation time.
• Last CLEAR LIQUIDS (water, Pedialyte, sugar water, apple juice) is **2 hrs prior** to the scheduled sedation time.
• ABSOLUTELY NOTHING BY MOUTH (NPO) two hours before the scheduled sedation time. This includes gum chewing, and sucking on candy. Exception – may take daily medication with small sips of water.

REPORTING TO THE HOSPITAL:
Kapi‘olani Medical Center for Women and Children is located on the corner of Punahou and Bingham Streets. Enter the very tall Kapi‘olani parking garage just after the hospital.
• A parent or legal guardian must accompany the child on the day of the test.
• If you are running late and think you will be not be able to check-in on time, call **983-8184** (Sedation dept) or **983-8516** (PACU – ask for the Sedation nurse). The test may be cancelled if your child is 20-30 minutes late.
• Do not enter the hospital if your child or accompanying family member has an active respiratory infection (cough, runny nose, fever), chicken pox, measles, mumps, rubella, pertussis (whooping cough), or tuberculosis.
• Report to the Admissions Department (Main Lobby) to check-in, sign consents, and get a name band for your child. Bring a picture ID, insurance card(s), and any completed forms that your doctor has given you; for example, Pre-Sedation Evaluation form, doctor’s orders, laboratory results, court order of custody documents, if applicable.

After registering, you will be told when to report to the sedation room in the lower level of the main hospital.

IMPORTANT Locations and Phone Numbers:
Patient Registration (Lobby): 983-8260
Diagnostic Imaging (Ground floor): 983-8627
Audiology Department: 983-8235 (Rehab dept.)
Sedation Dept. (Lower Level/Basement): 983-8184
Parking (Elite): 973-3433
Kapi‘olani Medical Center Operator: 983-6000

Fill in this box at the time you receive the call from the nurse. This is to help you remember important information for the day of your child’s test:

- Date of Test: __________________________
- Check-in at Admission Dept at ____________
- Check-in to Sedation Dept at __________
- Diagnostic Test time is __________
- My child cannot eat fried or fatty foods after:___________
- My child cannot eat any solid foods or drink milk, formula after: ______________
- My child cannot drink any breast milk after: ______________
- My child can drink clear liquids (water, Pedialyte, apple juice) from __________ to __________
- My child must not have anything by mouth (NPO) after ______________
- My child will need to be sleep deprived (see instructions): Yes No
- Procedural Sedation History & Physical form completed? Yes, I have a copy Not yet, scheduled for ______________
- Continue current medication with small sips of water.

To Get to the Hospital and Parking:
If you’re coming from the Honolulu Airport or from the Leeward Side (West Oahu): Take H-1 Eastbound (toward "Honolulu", Koko Head or Hawaii Kai) and take the Punahou exit (#23). At the traffic signal, go straight (onto Bingham). The hospital is on your right (corner of Punahou and Bingham). Just after the hospital, enter the large patient and visitor garage on Bingham Street.
If you’re coming from the Windward Side: Take H-3, Likelike Highway, or Pali Highway onto H-1 in the Eastbound direction (toward "Honolulu" or Koko Head). Take the Punahou exit (#23) and follow the instructions to the garage as in the paragraph above.
If you’re coming from Hawaii Kai: Take H-1 Westbound (Ewa) and take the King Street exit (exit #25A) which will take you on Beretania Street. Continue on Beretania westbound, then turn right after Central Union Church (onto Punahou Street). The hospital will be on your right. Turn right onto one-way Bingham Street above the hospital (before the freeway). Enter the large patient and visitor garage ahead on your right (on Bingham Street).