

# Sedation

**This leaflet explains more about sedation in the emergency department, including the benefits, risks and any alternatives and what you can expect when you come to hospital.**

**If you have any further questions, please speak to a doctor or nurse caring for you.**

## **What is sedation?**

Sedation usually involves giving medicines intravenously via a cannula (drip), frequently in the arm or the hand. The medicines aim to reduce both pain and anxiety so that doctors and nurses can carry out a medical procedure, such as putting a dislocated joint back in place or putting a broken bone in plaster.

Sedation is not the same as a general anaesthetic - you may feel sleepy or go to sleep but you will still be breathing for yourself. The aim of the sedative is to reduce pain, make you feel more relaxed about the treatment or procedure and reduce your fears and anxieties.

There are three different levels of IV sedation: minimal, moderate and deep. The ideal level to be achieved will be determined by the procedure to be performed.

## **Why should I have sedation?**

A sedative should help you to have a medical procedure without pain, anxiety or distress. Sedation works quickly and the dose can be adjusted so that you get the right amount. It usually has fewer side effects than a general anaesthetic and recovery is quicker.

The reasons why sedation may be necessary will be discussed with you by your doctors.

## **What are the risks?**

Sedation is generally a very safe procedure and is carried out

in a safe environment by trained doctors and nurses. The person carrying out the sedation (sedationist) is trained to give the right amount of sedative and manage any side effects. There are known risks and complications – these are usually temporary. Some can potentially cause long-term issues but serious problems are uncommon in modern sedation. Current drugs, equipment and training have made sedation much safer in recent years.

You will be thoroughly assessed before the sedation and monitored closely before, during and afterwards to ensure it is safe and appropriate for you to undergo sedation and to minimise the possibility of any complications occurring.

If it is not safe to continue, this will be discussed with you and another plan will be made.

Where possible, your doctor will discuss the risks and benefits of both the sedation and the procedure with you, so that you can make an informed decision about whether to give your consent to the sedation and the procedure.

- Your breathing rate may slow down. This is more common in deep sedation, but is a risk whenever sedation is used. The sedationist will support your breathing if needed.
- It is very common for your blood pressure to drop slightly with sedation – the sedationist is trained to treat this.
- It is very common to be left with a bruise from the cannula site.
- Feeling sick or vomiting may occur but it is uncommon.
- There is a rare risk of stomach contents going into your lungs and this risk will be managed and treated, if necessary, by your doctors.
- Allergic reactions to sedation drugs are very rare.
- After the sedation it is common to feel drowsy and less steady on your feet. You will be monitored appropriately by the nurses and doctors caring for you. It is also

common for sedation to affect your judgement and memory for up to 24 hours.

These risks will be discussed with you by your doctor.

### **Asking for your consent**

It is important that you feel involved in decisions about your care. For some treatments, you will be asked to sign a consent form to say that you agree to have the treatment and understand what it involves. You can withdraw your consent at any time, even if you have said 'yes' previously. If you would like more details about our consent process, please ask for a copy of our policy.

### **What happens during sedation?**

The doctor will examine you to make sure it is safe to give you the sedative medication. You will then be given oxygen to breathe through a mask and the sedation medicine will be given slowly through a drip. You may feel sleepy.

The procedure will only be carried out when you are relaxed and sleepy enough. You will probably not remember this happening and will wake up after the procedure is finished.

Before, during and after the sedation we will closely monitor your heart rate, blood pressure, oxygen levels and breathing. You will be observed until you are fully awake and it is safe for you to be discharged from the emergency department.

### **What happens after sedation?**

The medicines wear off and you should recover quickly. With light and moderate sedation you may recover within one to two hours but deep sedation may take longer. You may feel drowsy and unsteady for the next 24 hours.

Sedation may affect your judgment and co-ordination, so for the next 24 hours you **must not**:

- Drive any type of vehicle or ride a bicycle or motorbike
- Drink alcohol, take mind-altering substances or smoke
- Return to work

- Cook or operate any machinery or use any electrical items, even a kettle
- Climb any heights, e.g. ladders or scaffolding
- Sign any important or legally binding documents or make any important decisions
- Be solely responsible for any children or dependents.

### What do I need to do after I go home?

- You should travel with a responsible adult who can make sure you reach home safely, ideally by car rather than public transport.
- Rest for the next 24 hours.
- Drink plenty of fluids and eat a light diet.
- Take painkillers and your regular medicines.
- Take care when going upstairs and using the bathroom or toilet.
- Have a responsible adult present to care for you for 24 hours.

If you feel pain or discomfort after your procedure, take two paracetamol tablets every six hours, with no more than eight tablets in 24 hours. Do not take these with any other paracetamol products, including those bought from a shop or pharmacy.

If you are able to do so (please ask your doctor if you are not sure) and have no intolerance or allergy, you can also take two 200mg ibuprofen tablets every eight hours, with no more than six tablets in 24 hours. Take these with food.

On the day of your sedation, it may be sensible to ask the person looking after you to oversee your regular medicines and pain relief in case the effects of the sedative make you forgetful.

**If you develop chest pain or shortness of breath, please contact or return to the emergency department as soon as possible.**

**Please also show this information to the person who is looking after you.**

## Contact us

If you or your carer have any questions or concerns about your sedation, please contact the emergency department on 020 8725 1476 or return to the emergency department.

**For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit [www.stgeorges.nhs.uk](http://www.stgeorges.nhs.uk)**

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## Additional services

### Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

**Tel:** 020 8725 2453 **Email:** [pals@stgeorges.nhs.uk](mailto:pals@stgeorges.nhs.uk)

### NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

**Web:** [www.nhs.uk](http://www.nhs.uk)

### NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

**Tel:** 111

### AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website ([www.accessable.co.uk](http://www.accessable.co.uk)). The guides are designed to ensure

everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



**Reference:** AAE\_EDS\_LP\_03 **Published:** July 2022 **Review date:** July 2024