

Questions:

1. **Does your center offer sedated testing-**
 - a. ALL ANSWERED YES (17)

2. **If yes to question 1, select what kind of sedation-**
 - a. 38%
 - b. 41%-IV Sedation
 - c. 19%-Intranasal
 - d. 2%-other, but did not specify

The following comments were included:

GA on sedation unit for those not eligible for sedation but do not need OR

Sedated ABR's with GA in procedure room, not located in OR. ABR's follow MRI, CT, LP's etc.)

Really trying to use propofol whenever medically possible over Sevo

3. **If IV Sedation is used outside OR, please elaborate on meds used and effectiveness-**

The following comments were included:

Propofol-effective and can get a full test

Outside of OR, use propofol with sedation team. Very effective

Propofol, very effective

Propofol: It works great!

Propofol-performed in a procedure room within PACU, highly effective

Two responses regarding not testing outside OR

Our hospital has a separate unit for small combo cases and ABR's. Anesthesia masks down with sevo and then switches to IV sedation propofol. Very effective.

Propofol. Works well. Only caveat are kids in ICU who have a tolerance for sedation meds, so may take more meds to get testing done. Works as an option when OR isn't an option.

GA in conjunction with radiology. A long, long time ago we used Versed, which was not always effective and time varied for patients to fall asleep. This is not used anymore because of that.

Versed & Dexa-no comment on effectiveness-

Propofol. Pretty effective, sometimes challenging to get IV

IV Meds

4. *** **If Intranasal is used, how effective-comments/free text question*****-

Used rarely. Patients fall asleep on average in 20 minutes. Must work quickly because patients wake up.

Highly variable-at least 30 minutes to sleep, could be longer. Effective once asleep.

30 minutes on average to sleep

Our sedation team starts with nasal Precedex and allows about 20 minutes to fall asleep. If not, they administer Versed. We may wait 20 minutes to 45 minutes for sleep, as every child is different.

We wait 20 minutes to determine if second dose is needed, which happens about 50% of the time. Average does is 4 mics/kilo. Pretty effective for littles but not older children-5yrs and up. Most DO NOT stay sedated very long, so you need to maximize your time. Parents remain with the child and hold them

It takes a long time to work

5. **If any other methods used—free text comments-**

No other comments on alternative ways