

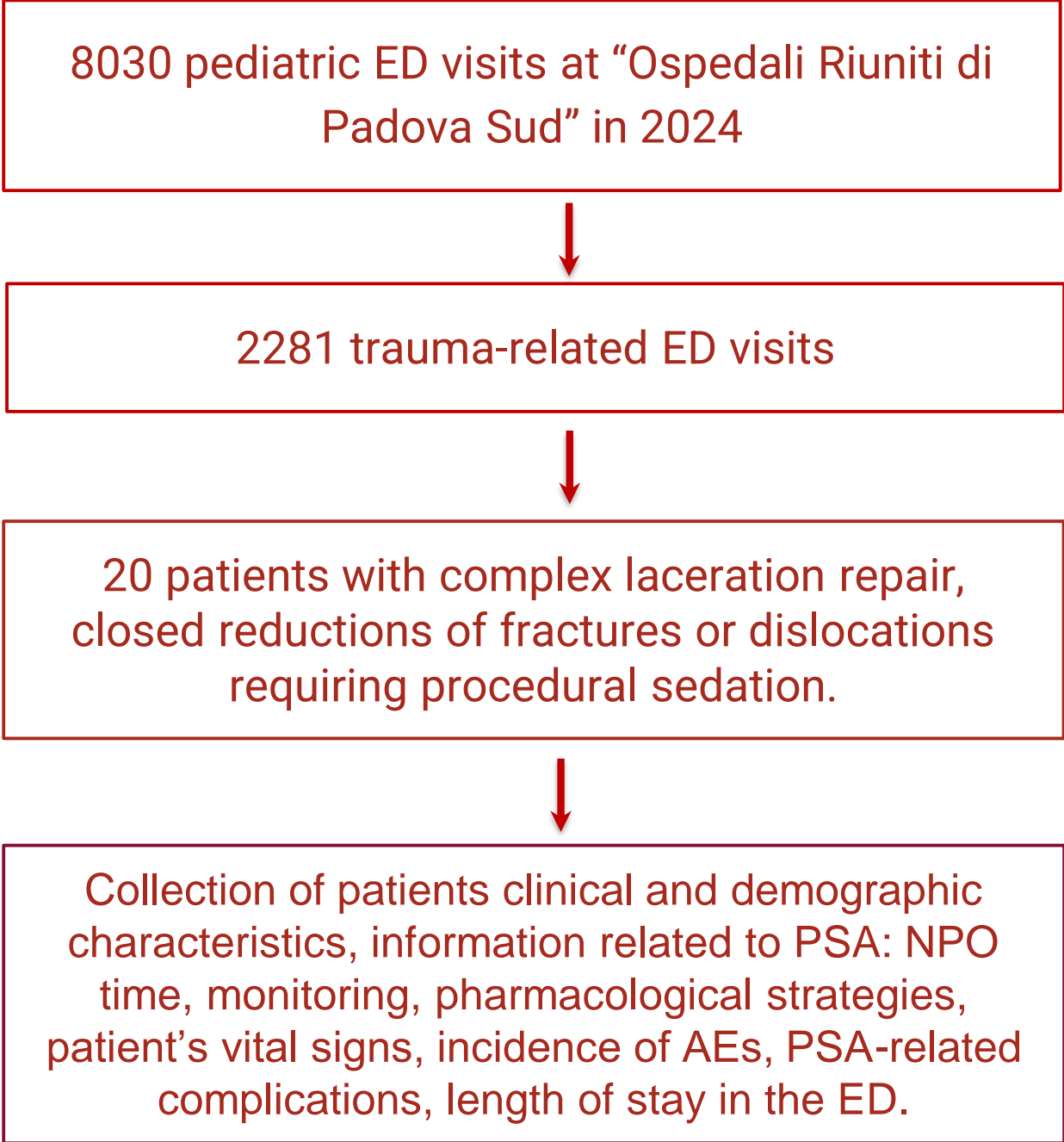
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BACKGROUND

Pediatric sedation practices in Italian emergency departments are often inconsistent, with significant variability in approach and quality of care. Recognizing this, the hospital developed a structured PPSA protocol in collaboration with orthopedic specialists. It is mandatory to ensure safer, more efficient, and more consistent care for children requiring procedural sedation in the ED.



MATERIALS AND METHODS



PRIMARY OUTCOME

PSA-related major complications (e.g., unplanned intubation, or cardiac arrest)

SECONDARY OUTCOME

- Incidence of AEs classified as minimal, minor, and moderate according to current literature
- PSA success defined a priori as successful completion of the procedure in a minimally responsive subject.

RESULTS

A total of 20 patient were included: 12 males and 8 females, with an average age of 6.5 years (range: 3–15).

For laceration repairs, **oral midazolam (0.2–0.4 mg/kg)** was used in 9 cases; 1 patient received **IV ketamine for deeper sedation**.

For orthopedic procedures, **propofol (3–5 mg/kg)** was the primary agent in 8 cases, sometimes combined with fentanyl or midazolam.

No major complications were reported—no cases of oxygen desaturation, hypotension, intubation, or death. The target sedation level was achieved in all cases. **Average emergency department stay was 2 hours and 42 minutes**. 18 patients were discharged; 2 required admission for planned surgical intervention.

CONCLUSIONS

- Procedural sedation performed by emergency physicians following a standardized protocol demonstrated efficacy and safety.
- These findings support the implementation of protocol-driven sedation practices in emergency settings.
- Larger-scale studies aim to further assess safety, efficacy, and inform clinical guidelines is required.

Affiliazioni

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