Non-pharmacologic Adjuncts for Induction of Pediatric Sedation

Author: **Alexander G. Targ, M.D.**

Affiliation: **Targ Mobile Anesthesia, Palo Alto, CA**

Introduction: The first words a child often speaks when he meets a sedation provider is "Are you going to give me a shot?" My answer is almost always "No" and is accompanied by a gift to help build trust. I have found that by creating an elaborate set of experiences designed to desensitize the children (and parents) to the events of the induction of sedation, I entirely avoid premedication more than 99% of the time. Each step of the desensitization builds trust because I tell the child and parent what will happen, and it does indeed happen exactly as promised, culminating in a successful induction. Because there is no premedication, all children wake up from the pure sevoflurane sedation predictably in a matter of minutes, and my practice enjoys the economy of employing no recovery staff.

Methods, Results, and Discussion: First, I give the child a spinning, sparking toy or a snow globe to keep. Then, I show him two pink "donut twins" (masks). I direct his attention to the silver smokestack attached to one of them, and, when I blow into the mask, it makes a loud whizzing siren sound and then a collapsible sponge ball (retained by an invisibly thin fishing line) shoots out as a surprise with a whizzing crescendo. Then, I give the patient the second pink donut to hold to confirm it is "as soft as the feathers of a pink baby bird." I ask him or the parent to blow into the donut (topped with a silver Patil whistle) to make a "baby bird song." To get a reluctant, hungry child to come to the operatory, I tell him about the "real" cookie in the other room, and, after he commits to not eat the picture of the cookie, I display the cookie picture mounted inside my clipboard and ask him to touch the red center with his finger, putting his hand "down the cookie hole." The child demonstrates to the parent how he can cross his arms over his chest in preparation for the induction, and the parent is instructed to prepare to hold the child's hands like the handlebars of a tricycle and to expect the child to roll his eyes, wave his limbs, and "squeak like a mouse." Then, I tell the patient we are going to "blow beautiful frosting on the cookie in the next room with his parents, look at a giant candy cane bigger than mommy/daddy, taste some bubble gum gas, and look at a pile of pirate treasure."

Finally, the child carries the mask to the operatory, sits in the parent's lap, sticks out his tongue to taste the bubble gum, and inhales 8% sevoflurane from the bubble gum scented mask while watching a toy reindeer's nose start to glow and the cookie mounted above the anesthesia monitor come to sparkling life (activated by a wireless Velleman remote control switch). The anesthesia machine itself is encrusted with gold, jewels, candy canes, and wrapped presents. The numerous decorations and 32 different patterns of bright lights on the spinning cookie help distract the parents from the emotional discomfort of holding their child during the 60 seconds needed to reach a deep enough level of sedation to allow easy transfer to the operating table.