



CHECKLIST

Procedural sedation

Before, during and after — the safety checks that make ketamine and propofol routine



EM Orbit

Patient reference

Date

Time

Completed by

Sedation is safe when there is a dedicated sedationist, monitoring with capnography, and a plan for the airway before the first dose.

Before

- ☐ Indication, target depth and drug chosen; consent obtained; time-out done
- ☐ **Pre-sedation assessment: ASA class, airway (Mallampati, neck, dentition), comorbidity, allergies, weight**
ASA III or higher, difficult airway or extremes of age → senior involvement and consider anaesthesia.
- ☐ Fasting status recorded; risk-benefit judged and documented (fasting does not mandate delay for urgent procedures)
- ☐ **Two clinicians minimum: one dedicated to sedation and monitoring, one to the procedure**
- ☐ Monitoring: SpO₂, ECG, NIBP, and waveform capnography running before the first dose
- ☐ Oxygen on; suction, BVM, airway adjuncts, intubation equipment checked and at hand
- ☐ IV access secured; reversal agents (naloxone, flumazenil) and vasopressor available
- ☐ Resuscitation-capable room with a tipping trolley

During

- ☐ Titrate in small increments; wait for peak effect before re-dosing
Ketamine 1 mg/kg IV (0.5 mg/kg top-ups); propofol 0.5–1 mg/kg then 0.25–0.5 mg/kg; fentanyl 0.5–1 mcg/kg if analgesia needed.
- ☐ Record drug, dose, time and observations every 5 minutes
- ☐ Airway: jaw thrust, adjunct, BVM if apnoea; stop the procedure if the airway is the problem
- ☐ Laryngospasm with ketamine: jaw thrust, positive pressure, deepen sedation, suxamethonium if refractory

After

- ☐ Continuous monitoring until awake, airway-safe and back to baseline observations
- ☐ Discharge criteria: baseline mentation, walking, tolerating fluids, pain controlled, responsible adult present
- ☐ Written advice: no driving, alcohol, machinery or important decisions for 24 hours
- ☐ Adverse events recorded and reported per local governance

Children: RCEM ketamine sedation from 1 year; IM 4 mg/kg where IV access is not appropriate. Not for infants under 12 months in the ED. · Elderly: halve starting doses of propofol and opioids.



A drafted aid to memory, awaiting senior review. It does not replace your local protocol or your clinical judgement. Source: RCEM 2021 · ACEP 2014 · ICOPS.
EM Orbit · Emergency medicine, in one orbit · sedation · red rows are the steps that must not be missed