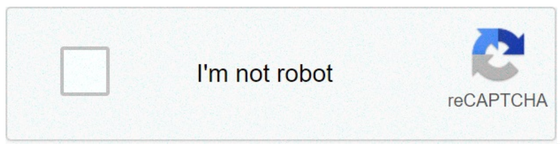

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Procedural sedation and analgesia in the emergency department

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Authors: Nicole Vetter, MD (Em Resident Medico, University of Connecticut Medicine of Emergency Medicine Residence) and Jesse Sturm, MD (Emergency Pediatric Assist, Connecticut Children Medical Center) // Modified by: Jennifer Robertson, MD, MSED and Alex Koyfman, MD (@emhighak, em medical participant, UT Southwestern Center Medical Center Note that the patient is becoming more agitated so as to push another dose of 1 mg/kg ketamine. Shortly after, a decrease in the respiratory rate and the waveform of capnography is noted. Shortly after, the patient's oxygen saturation fell. What are the next steps? Procedureal and analgesia dissection (PSA) is a fundamental set of emergency doctor (EP). Improves patient satisfaction by providing amnesia, ansolisilisis and analgesia. The sedation also makes our consultants happier as it facilitates a faster and easier procedure. However, studies show that EPS has inadequately pain in the emergency department (ED) for many reasons (1): fear of over-sighted fear of fear of events unsuitable knowledge of insufficient insufficient time dosing of insufficient resources 10 errors of common PSA error no. 1: delay Disaction until fasting times are satisfied with the American society of anextensologists (ASA) states that current fasting guidelines are based on insufficient evidence but still â€ â€ â€