GUIDELINES FOR PREMEDICATION OF PEDIATRIC PATIENTS
THESE ARE GUIDELINES AND DO NOT SUPERSEDE INDIVIDUAL PHYSICIAN ORDERS

A. Pediatric patients older than approximately 8 months may benefit from premedication with oral midazolam (0.5 mg/kg), has been shown to significantly reduce pre-operative anxiety in both the patient as well as the parent(s) and may also significantly decrease the incidence of negative behavioral changes post-operatively. When given orally, the time to maximal effect is approximately 20 minutes.

B. If so desired, the oral sedative may be mixed with oral Tylenol elixir (approximately 20 mg/kg) which may help improve the taste as well as provide some level of analgesia.

C. If patients become excessively drowny or already have a somewhat compromised mental status, consideration should be given to placing them on pulse oximetry while waiting for the room to become available.

D. In all cases, the patient must be interviewed by anesthesia personnel (on the day of surgery) before a premedication can be given.

E. Pediatric PACU RN’s may be asked to give oral sedative medications only if the patient has been seen (see section D, above) as the activity of the Pediatric PACU allows.

F. IM (intramuscular) premedication should be avoided unless absolutely necessary.

G. Patients with possible compromised airways should be given sedation with caution, or not at all, only under the supervision of the attending anesthesiologist.

H. Routine pre-operative use of atropine is not a necessity.