

## Andrew Guymon MSIII, Madigan Moore MSIII, Laura Nelson MSIII, Mir Ali MD

### University of South Dakota Sanford School of Medicine, Sanford Children's Specialty Hospital

## Purpose

US healthcare costs have risen dramatically encompassing almost 20% of the nation's GDP and pediatric MRI of and costs sedations exception. are no sedation Propofol is used ubiquitously for pediatric MRIs when intensivists must ensure minimal patient movement for high-quality pictures. Normally, patients receive a 20 ml/kg saline bolus in hopes of maintaining blood throughout pressure propofol sedation. The goal of this study was to determine if a 10 ml/kg saline bolus was as equally efficacious as a 20 ml/kg saline bolus at completing pediatric propofol sedations and maintaining blood pressure in aims of reducing healthcare costs.

100%

<u>् 80%</u> ations 00% Sed <u></u> 40% IS 20%

0%

# Methods

The study had two phases. The phase was a six-month first review of saline bolus dosing using the standard 20 ml/kg bolus. The second phase introduced a saline bolus dose of 10 goal ml/kg. A successful sedation was determined by completing the MRI without any complications or signs of cardiovascular distress.

# **Do We Need a Saline Bolus? – The Necessary Refinement of Pediatric Propofol Sedation**





Minimum MAP

# Conclusion

SANF ()RD

RESEARCH

We conclude that a baseline saline bolus dosage of 10 ml/kg would preserve blood pressure, allow for successful sedation, but prevent unnecessary excess dosing.



1.Jager, M.D., J.C. Aldag, and G.G. Deshpande, A presedation fluid bolus does not decrease the incidence of propofol-induced hypotension in pediatric patients. Hosp Pediatr, 2015. 5(2): p. 85-91.

2. Chiaretti, A., et al., Safety and efficacy of propofol administered by paediatricians during procedural sedation in children. Acta Paediatr, 2014. **103**(2): p. 182-7.

3. Al-Ghamdi, A., Hydroxyethylstarch 6% preload does not prevent the hypotension following induction with propofol and fentanyl. Middle East J Anaesthesiol, 2004. 17(5): p. 959-68.

4. Hasan, R.A., J.R. Shayevitz, and V. Patel, *Deep sedation with* propofol for children undergoing ambulatory magnetic resonance imaging of the brain: experience from a pediatric intensive care unit. Pediatr Crit Care Med, 2003. 4(4): p. 454-8.

5. Morley, A.P., et al., *The influence of duration of fluid abstinence on* hypotension during propofol induction. Anesth Analg, 2010. 111(6): p. 1373-7.

6. Sahyoun, C. and B. Krauss, Clinical implications of pharmacokinetics and pharmacodynamics of procedural sedation agents in children. Curr Opin Pediatr, 2012. 24(2): p. 225-32.

7. Turner, R.J., et al., Administration of a crystalloid fluid preload does not prevent the decrease in arterial blood pressure after induction of anaesthesia with propofol and fentanyl. Br J Anaesth, 1998. **80**(6): p. 737-41.

## Acknowledgements

We would like to extend a special thanks to the pediatric intensivists, nursing staff, and all support staff who work in the Sanford Children's Hospital PICU. Their dedication to health of children and quality improvement was essential for the completion of this project. Additionally, we would like to thank the University of South Dakota Sanford School of Medicine Faculty and Staff for the opportunity to participate in quality improvement projects. We are especially thankful to those who directly helped us with the completion of this project.

This project was funded under the Child Health Innovative Research Program (CHIRP), a NIH-T35 funded program.