SEDATION DECISION MAKING FOR LUMBAR PUNCTURES IN PEDIATRIC ONCOLOGY

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Purpose

The question guiding this study is: In a pediatric oncology patient population, would implementing an algorithm grounded in research to determine need for general anesthesia (GA), moderate sedation (MS), or no IV sedation (NS) for lumbar punctures compare to current practice and increase provider prescription of MS and NS?

Background and Evidence Review

The Day Hospital performs 20-30 lumbar punctures each week, 93% with GA. Evidence was collected from a literature review, national benchmarking, provider survey, and a chart review.

Methods

A Sedation Algorithm was developed from the evidence. Oncology providers received education and were asked to trial the Sedation Algorithm during April and May, 2011.

Results

The percentage of lumbar punctures performed with MS or NS increased during the months of April and May, 2011. The provider survey showed an increase in likelihood of prescribing MS or NS and an increase in the frequency of educating families about their sedation options.

Conclusion

The Sedation Algorithm successfully increased the percentage of lumbar punctures performed with MS or NS. Going forward, non-pharmacological techniques, teaching aids, and anesthesiologist involvement in the transition lumbar puncture are recommended.

Selected References

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