



CHILDREN'S & WOMEN'S HEALTH
CENTRE OF BRITISH COLUMBIA
AN AGENCY OF THE PROVINCIAL HEALTH SERVICES AUTHORITY

DISCHARGE INFORMATION AFTER SEDATION MEDICATION

We gave your child a sedative and/or pain medication during the hospital visit today. The name(s) of the medication(s) your child received is(are):

The effects of this medication usually wear off within a few hours. Still, your child may be sleepier, dizzy, less aware, or less steady on his/her feet than usual. Please supervise your child closely for the next 8 hours or until _____. This will help prevent falls, bumps and injuries.

We suggest:

During the ride home: If your child is sleeping, gently awaken your child occasionally to ensure that it is only a light sleep and your child is breathing properly. Ensure that your child is positioned safely in the car seat (if required).

Feeding: Do not force your child to drink or eat. If your child asks for a drink or food, start by offering clear fluids such as water, Popsicles, or apple juice, and then later offer a low fat snack, then a small, low fat meal. This will help if your child feels any nausea from the medications or the procedure. Babies may be bottle or breast fed when your baby seems hungry. Start with a smaller than usual amount of fluids or food.

Activity: Encourage quiet play such as drawing or reading until tomorrow. Do not let your child play games that need balance or quick responses, such as climbing, bike-riding, or skating.

Follow up care: Follow any extra instructions for the test or procedure.

Contact your physician, Dr. _____ at _____ for advice.

Bring your child to the Hospital Emergency Room if he/she:

- > Vomits over and over (more than 2 or 3 times)
- > Is drowsy or sleepy for more than one day
- > Can not be settled if upset, irritable, or frightened
- > Has difficulty breathing

CALL AN AMBULANCE IMMEDIATELY if your child has difficulty breathing and turns blue, is not fully conscious, or is unable to talk.

If you have any family concerns please call the Family Advisory Care Team (FACT) at 604-875-3500.

Signature RN

Signature Guardian

Distribution: white copy to chart, yellow copy to parent/care-giver