PROSA2022



Training pediatric ED staff in procedural sedation: achievements and lessons learnt



Silvia Bressan, MD, PhD Pediatric Emergency Department, University of Padova





Outline

BACKGROUND

A Common Challenge

PSA TRAINING

Ours and other models

Just one piece of the puzzle

LESSONS LEARNED

From training to practice change



EMERGENCY MEDICINE

Formally recognized as a specialty in 2009 - start of first residency program



PEDIATRIC EM

Not yet formally recognized subspecialty Practiced in some tertiary care centres Variability in training & practice



(2020) 46:57

Sforzi et al. Italian Journal of Pediatrics https://doi.org/10.1186/s13052-020-0812-x

Italian Journal of Pediatrics

RESEARCH Open Access

The development of a Consensus Conference on Pediatric Procedural Sedation in the Emergency Department in Italy: from here where to?



Idanna Sforzi^{1*}, Silvia Bressan², Claudia Saffirio¹, Salvatore De Masi³, Leonardo Bussolin¹, Liviana Da Dalt², Fabio De Iaco⁴, Itai Shavit⁵, Baruch Krauss⁶, Egidio Barbi^{7,8} and on behalf of the Procedural Sedation Analgesia Consensus working group





Clinical questions

Q1 Pre-assessment and fasting

Q2 Pharmacological Treatment

- Midazolam
- Fentanyl
- Nitrous Oxyde
- Ketamine
- Propofol
- Dexmedetomidine

Q3 Monitoring

Q4 Check List

Q5 Training



17 recommendations

Q6 Psychological strategies and non-pharmacologic techniques

Q7 Emergency Medicine Physicians

Q8 Impact on Organization and Hospital Admissions

Pediatric PSA Consensus

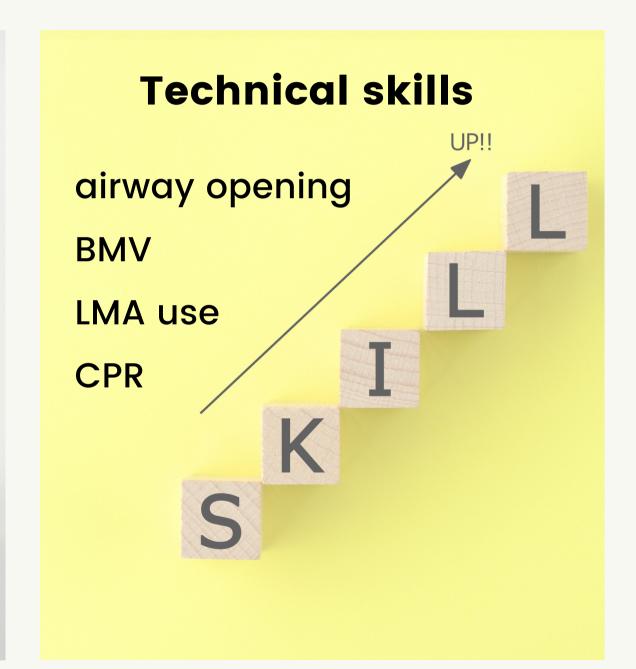
TRAINING COURSE RECOMMENDATIONS

Knowledge & practice

pre-sedation risk assessment
pharmacologic agents
sedation plan
monitoring
post-sedation assessment
discharge

recognition & management

adverse events





Pediatric PSA Consensus

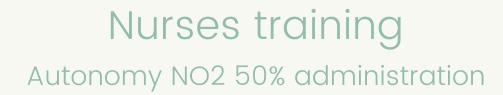
TRAINING RECOMMENDATIONS













Retraining Tailored to individual



Proctoring
Expert ED providers, ICU,
Anesthesiologits

PSA Training recommendations





NO universally-accepted competency-based formal training recommendations

Sedation-related guidelines NOT consistent between specialties, societies, and countries

Mason, BJA 2019



AAPGL 2016

ACEPGL 2018 Krauss & Green, Ped Anest 2008

Babletal, EMJ 2010

Leroy et al, Int J Ped 2010

Teng et al, Curr Op Anest 2019

Green et al, Ann Em Med 2019

Burger et al, PEC 2022

Shavit et al, Arch Ped Adolesc 2007
Friedman et al, Eur J Ped 2018
Ben Ari et al, Ped Anesth 2018

1ST PSA SAFETY SIM COURSE

- just after the consensus conference
- model of Israeli course by Itai Shavit
- training of faculty



Building our own course





LECTURES

Introduction to PSA Pharmacologic agents



WORKSHOPS

Small groups Interactive practice



INTERACTIVE CASE **DISCUSSIONS**

Pros/Cons of different PSA choices



SIMULATIONS

Patient Safety Management of adverse events Nitrous administration

WORKSHOPS



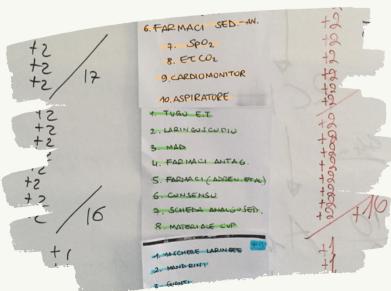


Preparation of medications

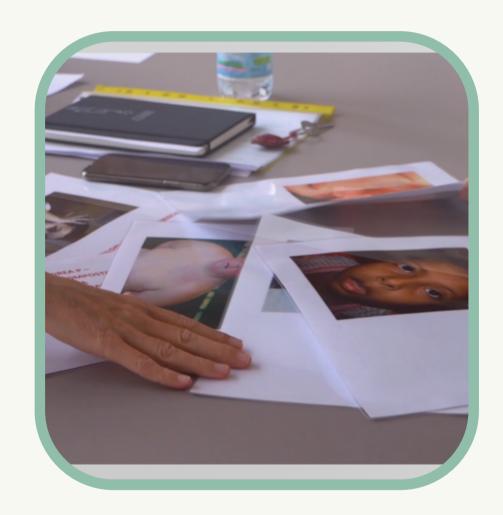




Preparation of PSA setting



WORKSHOPS



Pre-sedation risk assessment

Monitoring during sedation





Communication & Family centred care

D. Market

WORKSHOPS RESOURCES



Communication & Family centred care

USEFUL RESOURCES

Leroy et al, Curr Oping Anaesth 2016

Krauss et al, NEJM 2016

Krauss et al, Ann Em Med 2019

The same of the sa

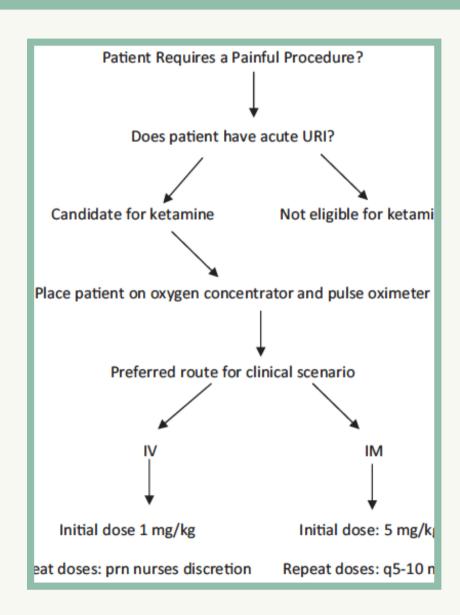
A GLIMPSE FROM OUR EXPERIENCE



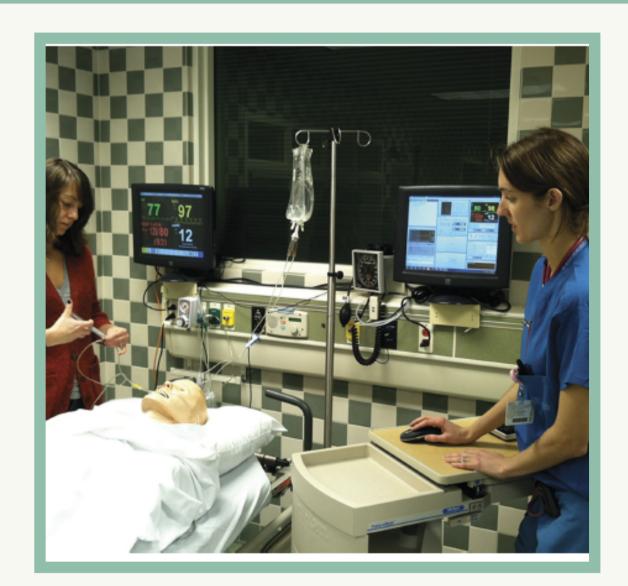


TRAINING COURSES

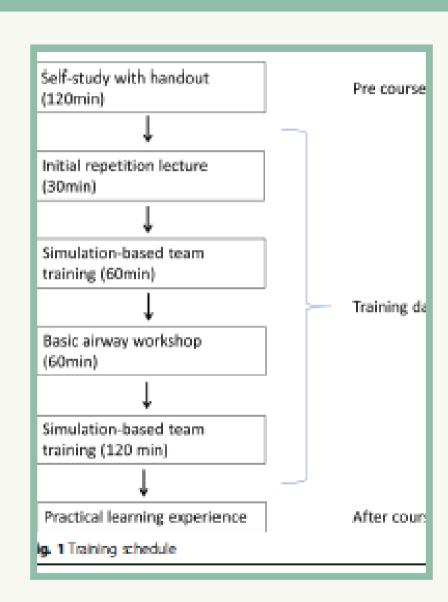
OTHER EXAMPLES



Bisanzo et al. Nurse administered Ketamine Sedation in an ED in Rural Uganda - Ann Em Med 2012



Tobin et al. An Approach to
Moderate Sedation
Simulation Training- Sim in
Healthcare 2013



Sauter et al. Interprofessional & Interdisciplinary sim-based training to safe sedation procedures in the ED - Sc J Trauma, Res and EM 2016

TRAINING COURSES

OTHER EXAMPLES



Nori et al. A collaborative educational intervention on PSA across the Pacific - Acute Med & Surg 2019



Zaveri et al. Virtual reality for Pediatric Sedation: An RCT using Simulation - Cureus 2016

PSA TRAINING



CONSENSUS GUIDELINES FOR PEM FELLOWS

Pediatric Emergency Medicine Fellowship Procedural Sedation Training Consensus Educational Guidelines



Rebecca K. Burger, MD,* Taryn R. Taylor, MD, MEd,* Corrie E. Chumpitazi, MD, MS,†

Lauren C. Robinson, MD,‡ Morgan J. Sims, MD,§ Emine M. Tunc, MD,|| Amanda E. Mulcrone, MD,†

Derya Caglar, MD,|| Carmen D. Sulton, MD,* Kim Little-Wienert, MD, MEd,† Eileen J. Klein, MD, MPH,||

M. Olivia Titus, MD,‡ and Benjamin F. Jackson, MD‡







to create/modify a PSA curriculum for PEM fellowship programs

Awareness Drive to change

Training



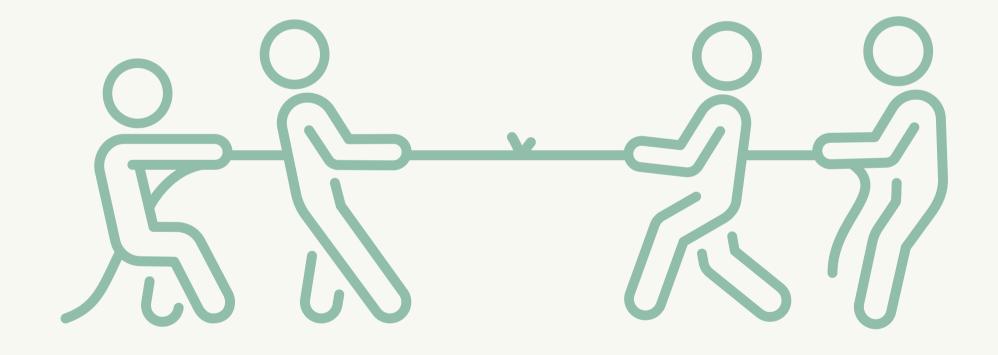
Institutional policies, protocols, procedures

Practice review Quality assurance

OUR DEPARTMENT PSA PUZZLE







OUR ACHIEVEMENTS



Able to change practice

(despite intercurrent COVID related challenges)

Better patient & family centred approach
Non-pharmacologic approach
Triage nurse initiated analgesia
LAT gel for lacerations
Engagement of proceduralists from other specialties
Institutional policies, protocols, procedures and tools
Training in place and in development

PSA approaches

- IN FNT, MDZ, DEX
- IV MDZ, Keta, DEX
 - IM Keta, DEX

OPEN CHALLENGES





Nitrous



Ortho Trauma

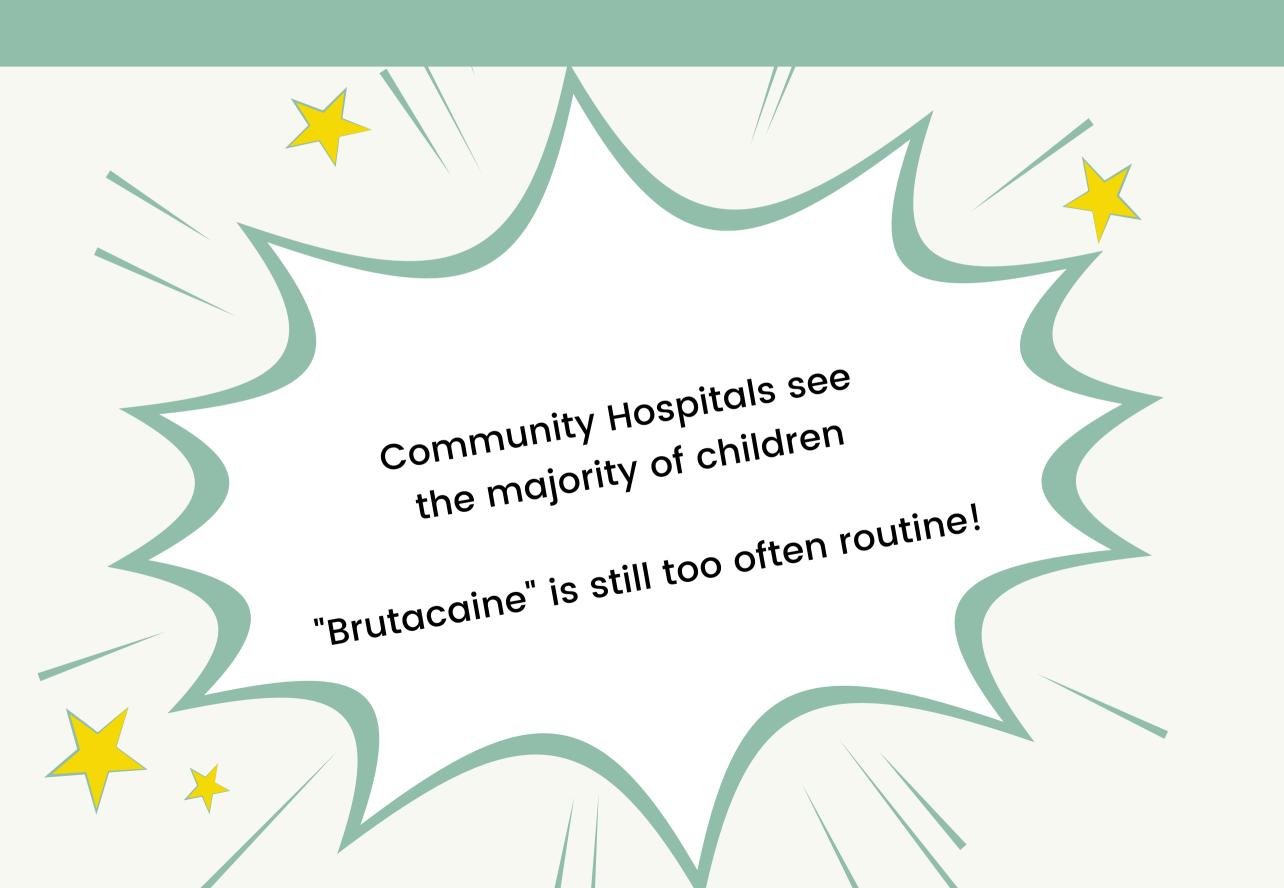


Community Hospitals

Long term sustainability & high practice standards

Community Hospitals







Community Hospitals







Michele di Toma Foggia Hospital

> PSA passionates

Carla Pizzini Negrar Hospital



Community Hospitals Survey on Pediatric PSA practice





Raising awareness

Needs assessment



Carpi Hospital
124 respondents (80%)
55% nurses

Foggia Hospital
110 respondents (76%)
34% nurses

Community Hospitals Survey on Pediatric PSA practice

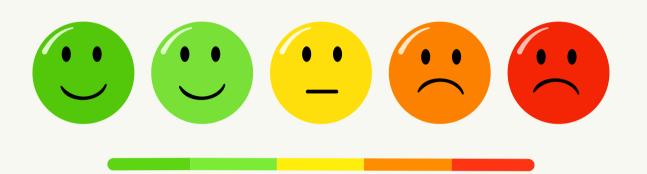


Relevant to my practice

Improves child experience

Staff satisfaction with local practice

Staff self-reported knowledge on the topic



Carpi 81%

Foggia 58 %

Carpi 98%

Foggia 66 %

Carpi 44 %

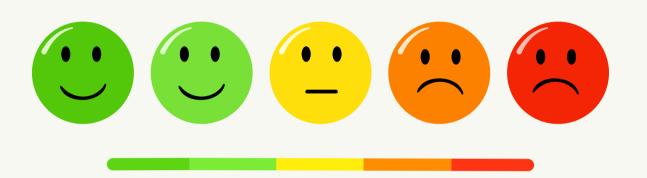
Foggia 57 %

Carpi 64 %

Foggia 66 %

Community Hospitals Survey on Pediatric PSA practice





Importance of training

Carpi 90 % Foggia 62 %

Participation in training courses on pediatric acute pain management

Carpi 77%

Foggia 75 %



Participation in training courses on pediatric PSA

Carpi 90 %

Foggia 90 %

Awareness **Drive to change**

Focused Training



Institutional policies, protocols, procedures

Practice review Quality assurance Red Color of the C

LESSONS



Multimodal training course

SIM based training

Multidisciplinary team

Evaluation methodology

THE TOTAL PROPERTY OF THE PARTY OF THE PARTY

LESSONS



Adjustment to local setting & needs

Training course just one piece of training

Training just one piece of the PSA puzzle

Sharing training experience & advice within PSA Community



Prepare for a hard journey

Frustration does occur

Celebrate successes

Collaborative effort

Anticipate your allies and foes

Build trust, support hesitant staff



Drivers of change

- Local champions
- Nursing staff
- Trainees

Quality assurance - learning system

Reluctance to change is part of our life



Thank you for your attention

silvia.bressan.1@unipd.it