

Appendix B:

Intranasal fentanyl, Intranasal diamorphine and IV/IM Ketamine competencies:

Healthcare professionals delivering sedation should have documented up to date evidence of competency including:

- Satisfactory completion of a theoretical training course covering the principles of sedation practice
- A comprehensive record of practical experience of sedation techniques, including details of
 - Sedation in CYP performed under supervision
 - Successful completion of work-based assessments

Each healthcare professional delivering sedation should ensure they update their knowledge and skills through programmes designed for continuing professional development

Name: _____

Grade/ Post: _____

Competency	Y/N	Date Achieved	Cons. Initials
A minimum of 3 months clinical experience in anaesthetics with evidence of successful completion of the Royal College of Anaesthetists' Initial Assessment of Competencies (IAC) or equivalent. OR A minimum of 6 months clinical experience as an advanced practitioner or middle grade doctor in PICU.			
Current APLS provider or instructor			
Evidence of successful completion of the Royal College of Emergency Medicine's e-learning module and short answer questions on ketamine sedation in children: https://www.rcemlearning.co.uk/?s=sedation			
Demonstrates working knowledge of ketamine (pharmacology, dosage, contraindications and side effects) to a PEM consultant.			
Demonstrates familiarity with the departmental paediatric sedation guideline (including checklists, observation chart and advice sheets).			
Teaching from PEM consultant on consenting parents for ketamine sedation.			
Demonstrates working knowledge of basic and advanced airway equipment.			
Demonstrates ability to set up and use suction.			
Demonstrates ability to set up and use a Waters circuit.			
Observes 2 paediatric ketamine, fentanyl or diamorphine procedural sedations: 1 2			
Performs 3 supervised paediatric ketamine, fentanyl or diamorphine procedural sedations: 1st: no WPBA required 2nd: FORMATIVE SLE (DOPS) required 3rd: SUMMATIVE SLE (DOPS) required			

Final sign off by PEM Consultant:

Signature: _____

Name: _____

Date: _____