Title	Procedural Sedation for MSK injuries
Applies to	RAH & IRH
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Procedural Sedation for Musculoskeletal Injuries in ED

The purpose of this document is to provide guidance for both Emergency Medicine & Orthopaedic doctors on the indications for procedural sedation in our Emergency Departments in Clyde.

The following list of injuries are considered ***appropriate*** for procedural sedation in the ED:

- Dislocations of the shoulder, elbow, ankle & patella
- Complex fracture dislocations of the lower limb where there is a risk to the viability of overlying skin or neurovascular compromise.
- Displaced compound fractures

The following are considered ***not appropriate*** for procedural sedation in the ED

- Fractures with displacement where there is no skin or NV compromise
- Any complex injury requiring immediate definitive care in theatre
- Paediatric fractures

Procedural sedation in the ED is both time consuming & labour intensive. “Second sedations” should be avoided where possible and this can be mitigated by involvement of the orthopaedic team for the first procedure if this is possible. Any cases falling out with this guidance require to be discussed with the senior ED doctor however decisions on these cases will be guided by the doctor’s experience and the overall activity level in the ED at that time. Both the fasting status of the patient and the ASA grade of the patient will also be a factor in determining whether it is appropriate for sedation in the ED.

All procedural sedations in the Emergency Department should be carried out by doctors with training & experience in advanced airway care & the use of anaesthetic drugs. Full monitoring including capnography must be established in every case. Documented Consent & use of a procedural sedation checklist are mandatory in every case.

Where patients require further intervention, definitive care or are deemed not suitable for sedation in the ED the case should be managed by the orthopaedic team in conjunction with the duty anaesthetist. It is anticipated that these cases are managed in the theatre suite. The majority of children requiring manipulation of a fracture will require transfer to RHC for on going care.