

Consent form for Procedural Sedation using IV/IM Ketamine in Children

Date:
Time:

Insert Patient sticker here

Statement of parent / person with parental responsibility:

I confirm that I have 'parental responsibility' and I consent to this child being sedated using Ketamine. I can confirm that I have been told about possible side effects and risks. I understand that I will have the opportunity to discuss these possible side effects with the Dr performing the sedation

Relationship to child _____

Name (PRINT) _____

Signature _____

Date _____

Description of Procedure to be performed:

Statement of health professional:

(To be filled in by health professional with appropriate knowledge of proposed procedure)

I can confirm that I have discussed all the possible side effects as stated below. I can confirm that I have given the patient & parent / person with parental responsibility the opportunity to ask questions.

Name (PRINT) _____

Signature _____

Date _____

Possible side effects of Ketamine Sedation explained:

- Their body might seem stiff and they may have gentle twitches
- Your child may report bad dreams on waking up, and may become a little agitated
- They may experience brief apnoea
- Very rarely they can have a laryngospasm
- They may vomit and /or may develop a rash