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Standartizing of procedural sedation in pediatric practice

The number of diagnostic and therapeutic procedures done outside of the operating room and the intensive care unit has increased substantially in recent years. In parallel, the management of acute pain and anxiety in children undergoing therapeutic and diagnostic procedures has developed considerably in the past two decades. The primary goal of procedural sedation and analgesia is the safe and efficacious control of emotional distress and pain. The availability of non-invasive monitoring, short-acting opioids and sedatives has broadened the possibilities of sedation and analgesia in children in diverse settings. While most of these procedures themselves pose little risk to the child, the administration of sedation or analgesia may add substantial risk to the patient. This new guidelines the current status of sedation and analgesia for invasive and noninvasive procedures in children providing an evidencebased approach to several topics of importance, including patient assessment, personnel requirements, equipment, monitoring, and drugs.

Keywords: anesthesiology, sedation, children.

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Features of Clinical Picture of Viliuisk Encephalomyelitis at the Present Stage

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Resume: The author gives classification of VE and examples of clinical cases of spastic-paretic and demented-paretic forms of VE. At present some changes in severity of VE development in patients are revealed. Lately clinical manifestations of VE have changed a little to ease. Primary chronic forms of VE without acute phase are found out.

Keywords: Viliuisk Encephalomyelitis (VE), spastic-paretic form (SPF), demented-paretic form (DPF).

In the permanent loci of Viliuisk Encephalomyelitis (VE) the contingent of patients is revealed with encephalopathy of unclear genesis, organic neurologic microsymptoms (ONMS) that are typical for clinical authentic VE cases [1]. Such state of health of the group of VE risk