

The Frequency of Emergence Delirium in Children Undergoing Outpatient Anaesthesia for Magnetic Resonance Imaging

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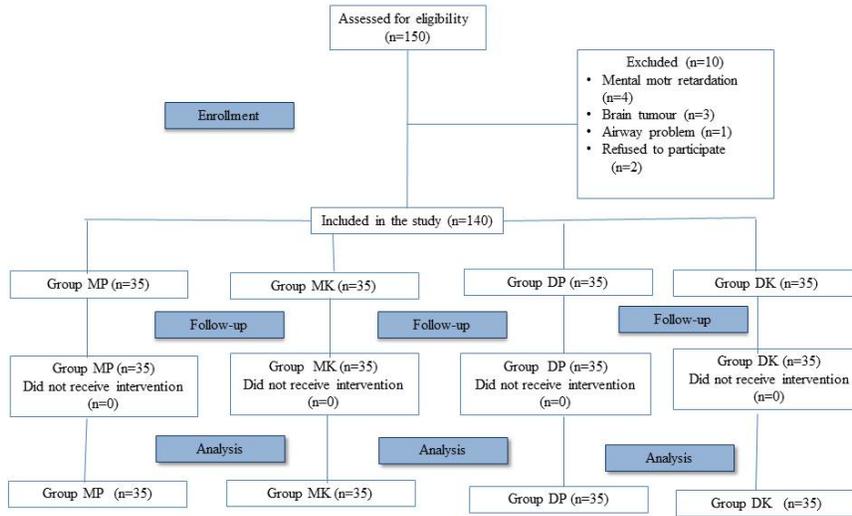
Abstract

Background: The aim of this study was to investigate the effect on the occurrence of emergence delirium of propofol and ketofol with intranasal dexmedetomidine and midazolam applied as premedication to paediatric patients during magnetic resonance imaging (MRI). **Methods:** The study included children aged 2-10 years who received sedation for MRI, separated into four groups. Group MP received intranasal midazolam (0.2 mg/kg) for premedication and IV propofol (1 mg/kg) as the anaesthetic agent. Group MK received intranasal midazolam (0.2 mg/kg) for premedication and IV ketofol (1 mg/kg) as the anaesthetic agent. Group DP received intranasal dexmedetomidine (1 mcg/kg) for premedication and IV propofol (1 mg/kg) as the anaesthetic agent. Group DK received intranasal dexmedetomidine (1 mcg/kg) for premedication and IV ketofol (1 mg/kg) as the anaesthetic agent. The Paediatric Anaesthesia Emergence Delirium (PAED) scale was used to evaluate delirium. A PAED score [?] 10 was accepted as delirium. **Results:** The need for additional anaesthetic was highest in Group DP at 94.3% and lowest in Group DK at 14.3%. The mean Aldrete and PAED scores were lower and the length of stay in the recovery room was shorter in Group DP than in the other groups. Delirium only developed in two patients in Group MP (5.7%) at 5 mins after anaesthesia. **Conclusion:** In our study, delirium was seen at a very low rate only in the Group MP and it is difficult to say the best combination in terms of delirium frequency with this result.

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Figure 1: Flow chart of the study



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