

LRI Children's Hospital

Care of Children and Young People (under 18yrs) Requiring Entonox.

Staff relevant to:	All Health Professionals who care for children and young people receiving Entonox.
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Written by:	Zoe Syrett
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1. Introduction and Who Guideline applies to

To provide Health Professionals guidance in the safe and effective care and management of a child or young person receiving Entonox.

This guideline applies to all Health Professionals who care for children and young people receiving Entonox.

This guideline should be used in conjunction with the:

- [Consent to Examination or Treatment UHL Policy](#) UHL ref: A16/2002
- [Infection Prevention UHL Policy](#) UHL ref: B4/2005
- [Leicestershire Medicines Code UHL Policy](#) UHL ref: B60/2011

2. Procedure / Process for child receiving Entonox for procedural pain

No.	Action
1	<p>Identify the suitability of the child for Entonox therapy:</p> <ul style="list-style-type: none"> • Discuss suitability with the child, parents, and medical staff • Give parents an information leaflet • Explain the procedure to the child and family; explain all aspects of Entonox administration - involve play specialists • Allow the child to handle the equipment before commencing the procedure • Assess ability to use mouthpiece effectively • Obtain verbal consent from the child's parents - document in child's notes <p>Indications for Entonox use:</p> <ul style="list-style-type: none"> • Short painful procedures • Urethral/suprapubic catheter changes • Wound drain removal • Physiotherapy, turning and moving, bed changes • Painful dressing changes • Long line insertion • Removal of pacing wires • NG insertion • Pin site care • Suture removal <p>Contraindications:</p> <ul style="list-style-type: none"> • Lack of understanding/inability to use mouthpiece. • Pneumothorax (must be checked prior to removing pacing wires/wound drains in surgical cardiac and respiratory patients) • Middle ear surgery • Bowel obstruction/gross abdominal distension • Maxillo-facial injuries • Head injury • Decompression sickness
2	Ensure Entonox is prescribed on the child's prescription chart (PRN) using the blue pre-printed prescription sticker. For stat use Entonox can be prescribed as a PGD on the front of the drug chart in RED.
3	Registered nurse to supervise the self-administration of Entonox. The nurse must only supervise the Entonox administration and NOT be involved in the painful procedure.
4	Check that the cylinder contains sufficient Entonox gas to deliver the full therapy required (at least ¼ full).
5	Wash hands using soap and water +/- alcohol gel and attach a single patient use mouthpiece & antibacterial filter to the demand valve.

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6	Instruct the child to begin Entonox inhalation. DO NOT commence the procedure for 1-2 minutes or until the child is compliant/confident with breathing the Entonox. The child will need to continue breathing the Entonox for the duration of the procedure.
7	Observe the child for any side effects.
8	On completion of the procedure, remove the handset from the child and encourage them remain lying down for 2-5 minutes.
9	Assess and document the effectiveness of Entonox.
10	Remove the mouthpiece/filter and dispose. Clean the handset and tubing with Chlorclean or Clinell® wipes.
11	If needed order another Entonox cylinder from the porters if the gauge is in the red zone.

3. Education and Training

All nursing staff supervising Entonox administration must have attended/had Entonox teaching session and signed off competent with an LCAT assessment.

Hold an up-to-date PGD Entonox competency.

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Competency assessment of all users	Audit is incorporated into HELM to check for compliance after the pain study day/Entonox teaching	Pain Specialist Nurse	Registers from the Pain Study Day/Entonox teaching to be monitored against HELM annually to monitor compliance	Pain Nurse Specialist to liaise with relevant Clinical Area Managers if issues raised around compliance

5. Supporting References

<https://www.bochealthcare.co.uk/en/products-and-services/products-and-services-by-category/medical-gases/entonox/entonox.html>
(BOC medical; Entonox- essential safety information)

Consent to Examination or Treatment UHL Policy 2022 UHL ref: A16/2002

Infection Prevention UHL Policy 2022 UHL ref: B4/2005

Leicestershire Medicines Code UHL Policy 2019 UHL ref: B60/2011

6. Key Words

Entonox, Pain, Inhalational

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs. As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

CONTACT AND REVIEW DETAILS	
Guideline Lead (Name and Title) Zoe Syrett – children’s pain specialist nurse	Executive Lead Chief Nurse
Details of Changes made during review: Addition of indications for use and education – PGD competency and some minor word changes Removal of monitoring prescription stickers (able to PGD)	