Resumen N°59

EFICACIA PROPOFOL–FENTANIL VERSUS KETAMINA–PROPOFOL (KETOFOL) EN PROCEDIMIENTOS DOLORosos QUE REQUIERAN SEDOANALGESIA EN EL DEPARTAMENTO DE EMERGENCIAS

Introduction: Diagnostic or therapeutic procedures, cause anxiety, fear, and pain, hindering its proper performance. It is necessary to correct sedoanalgesia to ensure successful procedures with less adverse effects.

Material and methods: Randomized controlled assessor blinding. Patients 6 months to 18 years were included under sedoanalgesia to perform painful procedures older, classified as ASA in less than 3 months from July to September 2016 variables: demographic data, type of procedures Time adequate sedation (Ramsey ≥4), time adequate analgesia (Campbell ≤3), additional doses, recovery time and adverse data effects were analyzed in SPSSv21, to compare the means nonparametric tests (Mann Whitney) was used and the qualitative variables chi-square test. An alpha error less than 5%. The protocol was approved by the ethics committee of the institution informed consent was considered.

Results: 40 procedures (20 in each group) were analyzed. There were no differences in age, sex, type of procedure, infusion duration, duration of the procedure and recovery time. The time to achieve sedation (minutes) was greater with fentanyl Propofol (PF) with respect to ketofol 2.6±1, (IC 95% 2.2–2.9) vs 1.4±0.9 (IC 95% 1.7–1.7) p < 0.004 as well as the time to achieve analgesia 3.15±2.2 (IC 95% 1.9–4) vs 1.45±0.9 (IC 95% 1.8) p < 0.002. The PF also required greater proportion of additional doses, 18% vs 40% p<0.004. Tuvo más efectos colaterales 35% vs 15% aunque sin significación estadística.

Conclusion: His time to reach an adequate sedoanalgesia and the number of doses required Propofol was higher in the group compared Fentanyl-Ketofol. It is an option to sedoanalgesia when not have the combination of reference.