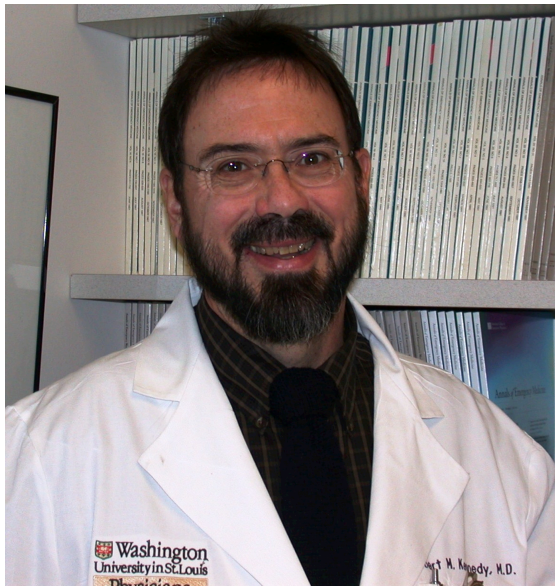


Dr. Robert Kennedy – ST LOUIS (USA)



Robert (Bo) Kennedy began his practice of pediatric emergency medicine (PEM) at St. Louis Children's Hospital in St. Louis, Missouri, U.S.A. in 1983. He recognized many children were undergoing painful and frightening procedures such as fracture reduction, burn debridement, laceration repair or venous catheter insertion during which their pain and anxiety were poorly addressed. Through the decades he has collaborated with pediatric anesthesiologists, nurses, child life specialists and other colleagues to strive for an "Ouchless ED". He has helped develop procedural sedation protocols which he

has evaluated with randomized trials. Examples include intravenous fentanyl and midazolam versus ketamine and midazolam for fracture reduction, 50% nitrous oxide (N₂O) versus oral midazolam for facial laceration repair in young children using a continuous flow N₂O delivery system he helped build, N₂O plus lidocaine fracture hematoma block versus ketamine for fracture reduction, and topical lidocaine versus injected buffered lidocaine cream for venous catheter insertion. He has helped implement nurse initiated administration of oral oxycodone at triage when the child is to be evaluated for a fracture or burn. He has also studied reduction of children's distress by allowing them to assume positions of comfort in parents' laps for procedures such as venous catheter insertion or laceration repair. He emphasizes the importance of use of distraction and similar techniques to augment procedural analgesia and sedation. He now strives to administer effective analgesia or local anesthesia and help children use their own coping strategies to reduce their anxiety.

Selected Bibliography

1. Kennedy RM, Porter FL, Miller JP, Jaffe DM: Comparison of Fentanyl/Midazolam to Ketamine/Midazolam for Pediatric Orthopedic Emergencies. *Pediatrics* 1998;102:956-963.
2. Luhmann JD, Kennedy RM, Porter FL, Miller JP, Jaffe DM: A Randomized Clinical Trial of Continuous Flow Nitrous Oxide and Midazolam for Sedation of Young Children During Laceration Repair. *Ann Emerg Med* 2001;37:20-27.
3. Luhmann JD, Schootman M, Luhmann SJ, Kennedy RM: A Randomized Comparison of Nitrous Oxide plus Hematoma Block versus Ketamine plus Midazolam for Emergency Department Forearm Fracture Reduction in Children. *Pediatrics* 2006;118(4):e1-e9.
4. McNaughton C, Zhou C, Robert L, Storrow A, Kennedy RM: A Randomized, Crossover Comparison of Injected Buffered Lidocaine, Lidocaine Cream, and No Analgesia for Peripheral Intravenous Cannula Insertion. *Ann Emerg Med* 2009;54:214-220.
5. Chinta SS, Schrock CR, McAllister JD, Jaffe DM, Liu J, Kennedy RM: Rapid Administration Technique of Ketamine for Pediatric Forearm Fracture Reduction-A Dose Finding Study. *Ann Emerg Med* 2015 (June);65(6):640-648.e2.