Title: Procedural Sedation/Analgesia			Policy Number: S.27.01
Originating Department: Patient Care Services		Affected Department: Patient Care Areas; Medical Staff	
FHC adopts this Policy & Procedure for FHMRH Exclusions: ☒ No Exclusions ☐ Richmond ☐ Hoke ☐ Moore ☐ Montgomery			
Original Date: 05-1997	Revised Date: 10-2021	Reviewed Date: 10-2021	

POLICY: Sedation/Analgesia for the purpose of a procedure shall be administered and patients monitored according to the guidelines specified below.

PURPOSE: The standards for sedation and anesthesia care apply when patients in any setting receive for any purpose, by any route the following:

- Deep sedation/analgesia, Anesthesia (general, spinal, or other major regional).
- Minimal or Moderate Sedation/analgesia (procedural sedation) that allows patients to tolerate unpleasant procedures while maintaining adequate cardio-respiratory function and the ability to respond purposefully to verbal commands and tactile stimulation and may or may not result in the loss of protective reflexes. Physician/LIP may write "Patient for Minimal Sedation Only." Minimal Sedation does not require the monitoring described in policy.
  (Sedation is a continuum and it is not always possible to determine how an individual will respond.)

Moderate sedation may be administered to patients undergoing diagnostic and/or therapeutic procedures in approved departments and units in which there are competent RN's in the presence of privileged physicians, advanced practice practitioners (APP), or dentists. These areas include Operating Room, Outpatient Surgery, GI-Endoscopy, Emergency Department, Cardiac Catheterization, Intensive Care Units, Lithotripsy, Radiology Department, Outpatient Cath Area, and Intermediate Care Units, Pain Clinic.

Definitions:

- **Minimal sedation (anxiolysis):** A drug – induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected.
- **Moderate sedation/analgesia (procedural sedation):** A drug-induced depression of consciousness during which patients respond purposefully to verbal commands either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.
- *****Deep sedation/analgesia*:** A drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully after repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patient may require assistance in maintaining a patent airway and spontaneous ventilation is inadequate. Cardiovascular function is usually maintained.
- *****General Anesthesia*:** A drug induced depression of consciousness where patients are not arousable to painful stimulation, and often require assisted ventilation.

Skill Level:
The following individuals may administer sedation after proper privileging:

1. Physician
2. DDS
3. APP under direction of supervising physician after proper privileging
4. Competent RN in the presence of the physician performing the procedure
   - Administration of anesthetic agents (e.g. propofol, thiopental, methohexital, ketamine, etomidate, etc.) require the presence of the privileged physician or CRNA with the training and ability to rescue a patient from general anesthesia, competent RN (according to NC law competent nurses may push these medications), and other appropriate personnel. Non-physician hospital staff assisting with

administration of anesthetic agents must be competent in procedural sedation and have current ACLS or PALS certification for adult and pediatric patients respectively.

- *"Given the level of independent assessment, decision-making, and evaluation required for safe care, nursing care of these clients exceeds the LPN scope of practice." – NCBON*

RN/LPN Role in Regional Anesthesia:
During regional anesthesia if the provider performing the procedure needs mechanical assistance from the nurse (RN or LPN) to attach and/or push the medication syringe plunger while the provider maintains appropriate positioning for the delivery device, the nurse may provide the "third hand". In this situation, the nurse is NOT accepting responsibility for administration of regional anesthesia. The provider retains full responsibility and accountability. (This is not permitted in the administration of moderate or deep sedation because the RN may not have other responsibilities other than monitoring the patient).

Individuals ordering and administering moderate or deep sedation and anesthesia must be qualified and have the appropriate credentials to manage patients at whatever level of sedation is achieved, either intentionally or unintentionally.

Education Requirements:

1. Physicians/APP's, and dentists performing the procedure must be clinically privileged for sedation/analgesia under the Medical Staff credentialing/privileging process. The physician/APP must be re-privileged at a minimum every two years.
2. All RN's administering moderate or deep sedation must meet the following:
   a. Certified in ACLS (adult patients) or PALS (pediatric patients) and Basic Life Support.
   b. Upon hire, complete the Procedural Sedation / Analgesia and Malignant Hyperthermia CBL.
   c. Annually complete the Annual Procedural Sedation/Analgesia Competency Validation.

Equipment Needed:

- Patent IV or IV access (if indicated)
- Pulse oximeter
- Blood Pressure Equipment
- Oxygen Source
- Emergency Equipment (cart)
- Defibrillator/EKG monitor
- Suction Equipment
- Positive Pressure Breathing Device (Ambu-bag)
- Endotracheal Intubation Equipment
- Appropriate Drugs to include reversal agents, i.e.: Naloxone (Narcan) and Flumazenil (Romazicon)

Policy:

Assessment

1. Pre-procedure verification of correct person, correct site, and correct procedure, with active involvement of the patient, is performed by the nurse and physician or APP performing the procedure.
2. All patients requiring moderate sedation will have a pre-sedation assessment that is performed by the physician or an approved LIP.
   i. History and Physical must be present on chart and updated as applicable.
   ii. The Mallampati Classification and the ASA Classification is to be performed by the physician or APP.
   iii. The physician or approved APP will communicate to the competent RN the Mallampati and ASA classification to document on procedural form.

iv. The physician or approved APP will communicate to the competent RN upon completion of the airway assessment and immediate pre-procedure/sedation reassessment whether or not the patient is an appropriate candidate to undergo the planned procedure with sedation to document in Sedation/Procedure Narrator or Procedural/Event Log.

v. Immediate pre-procedure/sedation reassessment includes at a minimum recent vital signs and confirmation of consent to proceed with procedure.

3. Pre-procedural education is provided according to the plan of care. The anticipated needs of the patient are assessed to plan for the appropriate level of post-procedural care as well to include post procedural sedation education and discharge needs.
4. The patient will be NPO for the time specified by the physician. Ideally the patient will be NPO for 8 hours after consuming fatty foods or if they are classified as high risk (morbidly obese, diabetic, pregnant); 6 hours for light meals or formula; 4 hours for breast milk, and 2 hours for clear liquids. NPO status should be evaluated by a physician to determine the appropriateness of using moderate sedation in urgent or emergent situations.
5. The physician/APP or qualified anesthesia provider is responsible for selecting and ordering medications used for sedation.
6. The RN responsible for sedation/analgesia administration and monitoring of a client receiving moderate or deep sedation/analgesia does NOT assume other responsibilities which would leave the client unattended, thereby jeopardizing the safety of the client. Additional staffing (in addition to the physician/APP) is based on patient acuity, procedure, and the potential response to administered medications.
7. The Physician, APP ordering RN-administered Moderate Procedural Sedation/Analgesia is physically present in the procedure area and immediately available.
8. The Physician, APP ordering RN-administered Deep Procedural Sedation/Analgesia is physically present at the bedside throughout the time deep sedation/analgesia is administered.
9. Back-up personnel who are experts in airway management, emergency intubations and advanced cardiopulmonary resuscitation must be available.
10. Consent for the surgical/diagnostic procedure and moderate sedation is required prior to performing the procedure except in emergencies.

Monitoring Requirements:

1. Ensure immediate on-site availability of age and size-appropriate resuscitative equipment.
2. An intravenous line used as a saline lock or for continuous infusion must be in place and patent for moderate sedation. (for pediatric patients as recommended by physician/APP).
3. A "time out" is conducted immediately before starting the procedure.
4. The competent RN and/or designee is responsible for documenting the start and stop time of the procedure/sedation. These times will be used for the official documentation of procedure/sedation timeline in the Sedation Narrator.
5. Each patient is reevaluated immediately before sedation use.
6. Documentation and monitoring of physiologic measurements including but not limited to:

   Blood pressure, respiratory rate, cardiac rate will be taken prior to initiation of sedation, and recorded every 5 minutes during the procedure. Cardiac rhythm will be documented pre- and post- sedation and with any significant cardiac changes.

   During MRI procedure- patient will be continuously monitored via pulse oximetry. Respiration frequency and adequacy of pulmonary ventilation are continually monitored via direct visualization and /or capnography. Patient assessment including vital signs will be done during MRI procedure intervals.
7. Supplemental oxygen shall be available for any patient receiving sedation and administered to maintain a SaO_2 at baseline or higher. It is recommended that a minimum of 3L/O2 be ordered and administered throughout the procedure and where appropriate in the post procedure period.
8. Post procedure:

i. The patient's physiological status (blood pressure, pulse, respiration O2 sat, LOC, and verbal or non-verbal indications of pain are monitored following the procedure every 15 minutes until sedation/recovery discharge criteria are met
ii. Post-Sedation/Anesthesia Assessment is completed and documented when an Anesthesiologist or CRNA is involved in the case and performing the duties of anesthesia.

Discharge Criteria:

1. Patients are discharged from the post sedation area and the organization by a qualified Physician or APP or according to approved criteria. The physician ordering the sedation becomes responsible for determining that the patient is ready for discharge, return to the unit, or transfer to an intensive care unit. Post-procedure instructions for the inpatient and/or family will be provided by the nurse. The AVS provided at discharge (within 24 hours of sedation/procedure) will auto-populate post procedural education and discharge instructions.
2. Patients must have a minimum post-procedure (Modified Aldrete) score of eight (8) or pre procedure baseline prior to discharge or return to patient care unit. Patients not obtaining the established minimum score will be discharged or returned to the patient care unit based on physician assessment and orders. Post procedure monitoring may be discontinued when vital signs (vital indicators) are stable compared to the baseline (oxygen saturation 95% or +/- 5% of pre-sedation level, blood pressure within 20% of pre-sedation level). In addition, outpatients must meet discharge criteria established for procedures prior to discharge (e.g. Able to void, have no bleeding, have no active vomiting, etc.).
3. If patients are given a reversal agent, the patients should be monitored after the reversal agent is administered.
   a. Patients are monitored for at least 120 minutes after the reversal agent is given.
4. Post-procedural recovery areas will assess the patient on admission and before discharge from the area.
5. Any patient receiving sedation or anesthesia for an outpatient procedure must have an adult 18 years of age or older to drive them home. It is recommended that a support person be present at the hospital for the duration of the entire procedure. For patients who do not have a support person, or those utilizing transportation provided by the county, contact information for an individual who will be available by telephone to receive discharge instructions must be provided. Patients in these situations will be scheduled for early appointment times and will be monitored for a minimum of four hours post-procedure. The nurse discharging the patient will document the name, relationship to the patient and contact information of the individual that received the discharge instructions.

Outcome Monitoring

Adverse events related to using moderate sedation will be monitored.

American Association of Moderate Sedation Nurses: http://AAMSN.org

North Carolina Board of Nursing – Position Statement for RN Practice – Procedural Sedation/Analgesia

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