

TITLE: Moderate Sedation for Invasive, Manipulative or Constraining Procedure	POLICY NUMBER: CSC0034	PAGE # 1 of 3
RESPONSIBLE DEPARTMENT: Patient Care Services	POLICY LEVEL: Acute	EFFECTIVE DATE: 1/21/19
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PURPOSE: To provide a guideline for care and monitoring of patients receiving Moderate Sedation in the absence of an anesthesiologist.

APPLIES TO: This Policy and Procedure applies to all Catholic Health System departments where moderate sedation is used:

- A. Emergency Department
- B. Endoscopy/Urology Department
- C. Imaging/Interventional Radiology Departments
- D. Operating Room/ASU/PACU
- E. Critical Care
- F. Labor and Delivery

POLICY: It is the policy of Catholic Health that a licensed independent practitioner may administer moderate sedation. Moderate sedation practices throughout the organization shall be monitored and evaluated by the respective Medical Staff Department of Anesthesiology, according to the policy outlines and performed to assure optimal patient outcome. Any changes or additions of practices related to moderate sedation must be reviewed and approved by the Department of Anesthesiology.

DEFINITION:

Minimal Sedation: (conscious sedation) is a drug-induced state in which a patient responds normally to verbal commands. The patient may have impaired cognitive function and coordination but cardiopulmonary functions are unaffected.

Moderate Sedation/Analgesia: (conscious sedation) is 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 patient 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 following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

These guidelines are **not applicable** to:

1. Administration of minimal sedation- A drug induced state in which the patient responds normally to verbal commands. Cognitive function and coordination may be impaired, but ventilatory and cardiovascular functions should remain unaffected. Examples of minimal sedation may include pre-procedure, preoperative medications and antianxiety medications.
2. Mechanically ventilated patient.
3. Pain management of acute, chronic and terminally ill patients.
4. Control of seizures.
5. Patients requiring emergency tracheal intubation or emergency cardioversion.

QUALIFICATIONS:

- A. All persons administering or monitoring moderate sedation patients are required to:
 1. Be competent with proper dosages, administration, adverse reactions, and interventions for adverse reactions and overdoses;
 2. Know how to recognize an airway obstruction and demonstrate skills in basic life support;

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3. Assess total patient care requirements or parameters, including but not limited to respiratory rate, oxygen saturation, blood pressure, cardiac rate, and level of consciousness; and
 4. Have the knowledge and skills to intervene in the event of complications.
- B. Only a provider is qualified to prescribe, order, or select the medication(s) used to achieve moderate sedation.
- C. Administration and/or monitoring moderate sedation may be performed by a qualified provider/designee or a registered nurse with provider supervision.
1. The RN responsible for managing the care of the patients receiving moderate sedation will complete and maintain competency in the skill yearly and be ACLS certified.
 2. When privileges are granted for a procedure that utilizes moderate sedation as a standard of practice competency is evident.

PRE-PROCEDURE:

- A. All patients must have intravenous access secured prior to administering moderate sedation.
- B. All moderate sedation will be ordered and supervised by the provider credentialed for the specific procedure.
- C. All patients requiring moderate sedation will have a pre-procedure assessment, including but not limited to:
1. Appropriate history and physical performed by a provider/designee
 2. Vital signs: heart rate, blood pressure, respiratory rate, and oxygen saturation.
 3. Level of consciousness;
 4. Signature on proper consent forms;
 5. Teaching needs.
- D. An ASA classification will be assigned by the physician performing the procedure, based on evaluation of the patient.
- Class I - Normal healthy patient
Class II - Patient with mild systemic disease
Class III - Patient with severe systemic disease
Class IV - Patient with severe systemic disease that is a constant threat to his or her life
Class V - Moribund patient not expected to survive 24 hours
- E. Airway assessment will be performed.
- F. Correct identification of the patient by provider and associate involved with the procedure. Explain procedure to patient.
- G. Patient's oxygenation, ventilation, blood pressure and level of sedation immediately prior to administration of sedation.

MEDICATION SEDATION ADMINISTRATION:

- A. Provider must verbally state the medications including dose to be administered by RN.
- B. The RN must verbally confirm the medication and dose being administered.
- C. When propofol is administered in the Emergency Department as moderate sedation, the provider performing the procedure CANNOT be the provider responsible for administering the propofol. Administration of propofol in the ED requires 2 providers. The RN cannot administer propofol for moderate sedation, it must be a provider credentialed for moderate sedation.

MONITORING:

- A. A one-to-one nurse to patient ratio is utilized to monitor the patient during the procedure.
- B. The provider responsible for the procedure shall be immediately available throughout the duration of the procedure.
- C. Continuous IV access shall be maintained.
- D. After giving medication, the patient's oxygenation, ventilation, blood pressure and level of sedation (verbal or tactile stimuli response) is continually monitored and recorded every five (5) minutes for the first 15 minutes and then every 15 minutes until more medication is administered or the procedure is completed, or more frequently if indicated.
- E. Oxygen saturation and pulse rate shall be monitored continuously during the procedure per provider order.
- F. Ventilation: There is continued clinical observation of chest movement and respiratory rate.
- G. Post-procedure the patient's oxygenation, ventilation, blood pressure, pulse rate and sedation level are continually monitored and recorded every 15 minutes or more frequently if indicated until the patient meets post-procedure discharge criteria.
- H. If a reversal agent is used, the patient must be monitored for 90 minutes before patient can be discharged.
- I. Emergency equipment must be immediately accessible to every location where moderate sedation is

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administered and includes the following: defibrillator, suction device, oxygen, airways, emergency drugs (Narcan, Romazicon), intubation equipment, and ECG monitor.

- J. Reportable conditions: any sudden changes in monitoring parameters should be immediately reported to the provider.

DISCHARGE:

- A. The patient must meet the following criteria:
1. Stable cardiopulmonary system to pre-procedure status:
 - a. Stable blood pressure within ± 20 mmHg of pre-procedure value.
 - b. Heart/respiratory rate within normal range for age and history.
 - c. Oxygen saturation $\geq 92\%$ on room air or \geq pre-procedure level.
 2. When using moderate sedation score, patient may be discharged between 9-10. If pre-existing condition causes a patient to be below 9, this should be documented prior to procedure and discharge will be determined by pre-procedure level.
 3. No adverse reactions to medications used for procedure.
 4. No nausea, vomiting or dizziness.
 5. If the patient is being discharged home, the following criteria must also be met:
 - a. Able to ambulate without assistance (If able to pre-procedure) and without dizziness.
 - b. Patient and/or responsible adult given and verbalizes understanding of written discharge instructions.
 - c. The patient may not drive.
 - d. A responsible party must be present to accompany the patient home at the time of discharge.

DOCUMENTATION for the RN:

Documentation should include:

- A. Pre-procedure and Post-procedure assessment.
- B. Medications administered: dose, time, route and effect.
- C. Monitors used and physiologic data obtained.
- D. Type and amount of fluids infused.
- E. Unusual events during the procedure.
- F. Status of patient at conclusion of procedure.

ORIGINATION DATE: March 2009								
REPLACES: NA								
	Date/ Initials	Date/ Initials	Date/ Initials	Date/ Initials	Date/ Initials	Date/ Initials	Date/ Initials	Date/ Initials
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REVISED:	11/13 MB	9/15 DB	12/15 DB	6/17 Nursing Policy	10/18 Peri Op			
OPC/CSC APPROVED:	CSC 10/6/15		CSC 1/5/16	CSC 8/1/17	CSC 11/6/18			
REFERENCES: JC STANDARD: PC 13.10 – PC 13.70 & PC 1.10 – 2.20 1. American Society of Anesthesiologists (2002). <u>Practice Guidelines for Sedation and Analgesia by Non-Anesthesiologists.</u> 2. AORN (2007) Standards Recommended Practices & Guidelines 3. ASPAN (2006-2008). Standards of Perianesthesia Nursing Practice. Kost, M. (2004) Moderate Sedation/Analgesia Core Competencies.								