

Major Hospital A Major Health Partner	Minimal and Moderate Procedural Sedation
SPP: AS-48 Cancels: AS-48 (dated 09/19/2001)	Formulated by: P & T Committee Approved by: P & T Committee, Medical Staff, Patient Services & Planning, Board of Directors Date Approved: 04/24/2007, 05/15/2007, 05/17/2007, 05/21/2007 Effective Date: 07/01/2007

**PURPOSE:** To provide the safe administration of minimal and moderate sedation for a procedure by providing relief of anxiety or amnesia with minimal risk.

**Definitions:**

**Minimal sedation (anxiolysis)** is a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, cardiovascular and ventilatory functions are unaffected. An example of minimal sedation would be a single, oral sedative or analgesia medication administered in a dose that would normally be unsupervised in treatment of insomnia, anxiety or pain.

**Moderate sedation/analgesia** is a drug induced depression of consciousness during which patients respond purposefully to verbal commands either alone or with light tactile stimulation. No interventions are required to maintain a patent airway and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

**Medications given for pain or sleep not associated with the performance of procedures as well as deep sedation, mechanical ventilation and anesthesia are not covered in this policy.**

**GUIDELINE STATEMENTS:**

**1. Personnel Qualifications:**

- 1.1. **Minimal Procedural Sedation.** Individuals involved in the provision and monitoring of minimal sedation shall know the goals and objectives of minimal sedation and be familiar with the medications utilized in minimal sedation and reversal agents. These individuals shall be well informed of institutional policies, trained in basic life support and be familiar with the emergency procedures of the institution. Knowledge of and readily accessible crash cart is required. A working knowledge of resuscitation equipment and the function and use of other monitoring devices including sphygmomanometers and pulse oximeters is necessary. Nurses or qualified personnel who have BLS are permitted to administer minimal sedation.
- 1.2. **Moderate Procedural Sedation.** Individuals involved in the provision and monitoring of moderate sedation shall know the goals and objectives of moderate sedation and be familiar

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with the medications utilized in moderate sedation and the reversal agents. These individuals shall be well informed of institutional policies, trained in BLS and be familiar with the emergency procedures of the institution. In addition, nurses involved in the provision and monitoring of moderate procedural sedation must be certified in ACLS for adult patients or PALS for pediatric patients. Knowledge and immediate access (within 5 minutes) to emergency crash carts is required. These individuals are qualified to monitor and if needed rescue a patient that may progress to deep sedation. These individuals are competent to manage a compromised airway and to provide adequate oxygenation and ventilation.

2. Location / Equipment
  - 2.1. Minimal sedation may be administered in the patient care ~~floors~~ units. Equipment readily available: O2 supplies, crash cart (age appropriate), suction, pulse oximetry, BP monitor and stethoscope.
  - 2.2. Moderate sedation may be administered in patient care units and procedural rooms. Equipment readily available: O2 supplies, crash cart (age appropriate), suction, pulse oximetry, BP monitor, stethoscope and EKG monitor.
3. Procedure
  - 3.1. Consent is needed for the procedure only for minimal sedation. Informed consent is needed for the procedure and sedation for moderate sedation with licensed independent practitioner (LIP) explaining the options, risks and alternatives involved with moderate sedation.
  - 3.2. Pre-sedation phase. The LIP (MD, nurse practitioner [NP], physician assistant [PA]) is responsible for the patient receiving minimal or moderate sedation being assessed physiologically and psychologically before the procedure to include the following:
    - 3.2.1. Physical assessment / ASA classification. The pre-sedation assessment must be completed by a licensed independent practitioner. LIP must clarify on the pre-sedation assessment the plan of care and the intent of either minimal or moderate sedation.
    - 3.2.2. Drug allergies / sensitivities.
    - 3.2.3. Concurrent medical problems (hypertension, diabetes, cardiopulmonary disease, renal problems).
    - 3.2.4. Baseline vital signs obtained and documented.
    - 3.2.5. Level of consciousness / mental status noted and documented.
    - 3.2.6. Baseline pulse oximeter reading.
    - 3.2.7. For moderate sedation: time last ate or drank (see form "Fasting Guidelines").
    - 3.2.8. In the case of outpatients, a responsible adult must be available to assume responsibility for the patient after recovery from minimal or moderate sedation.

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- 3.3. During the Procedure
- 3.3.1. A LIP will order the medications from Pharmacy. The nurse assisting with moderate sedation will ensure that the medication ordered and reversal agent are available.
  - 3.3.2. Minimal sedation requires baseline P, R, BP, O2 SAT, physical assessment, LOC, pain score and Aldrete score to be obtained pre-medication and again immediately prior to procedure.
  - 3.3.3. Moderate sedation requires baseline P, R, BP, O2 SAT, physical assessment, height/weight, fasting status, saline lock, H&P and Aldrete score obtained pre-medication. When medication given, continuous pulse oximetry, blood pressure, pulse and respiratory rate at least every 5 minutes with IV medication and every 15 minutes with oral medication. Inform physician of O2 SAT < 90%, RR < 10 and BP not within 20% of baseline. EKG is monitored for moderate sedation (may not be appropriate in some areas such as MRI). EKG monitoring is also used on all pediatric/newborn patients when IV moderate sedation is performed (0-17 years of age).
  - 3.3.4. The nurse assisting with moderate sedation must have no other responsibilities that would leave the patient unattended or compromise continuous monitoring. This will assure monitoring of patient to make sure the INTENT of sedation matches the ACTUAL effect of sedation. The nurse shall assess for signs of loss of protective reflexes.
- 3.4. Recovery period. Patients may be recovered in the recovery room or department in which the sedation was administered. All patients will be monitored as follows:
- 3.4.1. Minimal sedation requires PRN monitoring of O2 SAT, P, R, BP until Aldrete score is 10 or greater or pre-Aldrete assessment score.
  - 3.4.2. Moderate sedation requires continuous pulse oximetry and P, R, and BP with recordings at least every 15 minutes for minimum of 30 minutes or until Aldrete score is 10 or greater or pre-Aldrete assessment score.
  - 3.4.3. Discharge criteria requires all patients have a post sedation Aldrete score of 10 or greater or pre-assessment score with no 0 in any category. Scores less than 10 require a LIP order for discharge.
  - 3.4.4. Verbal and written instructions are provided to the patient and the accompanying adult concerning who to contact if a problem develops. A copy of the written instructions will be placed in the medical record.
  - 3.4.5. Patient must be monitored for a minimum of 2 hours after last dose of reversal agent is given.

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4. Documentation will be completed on the minimal or moderate sedation flow sheet or in department specific documentation (all parameters as defined must be present).
5. The Director of Anesthesia will participate in the review/revision of the Minimal or Moderate Procedural Sedation Policy with his/her approval noted and dated on the policy.
6. Outcome Data
  - 6.1. All reversal agent usage is monitored for extended recovery (greater than one hour) and ventilator assistance.
  - 6.2. A random audit of moderate sedation patients is done which monitors consent, time out, H&P, post procedure instructions given, MD signature, extended stay, ventilator assist and reversal agent used.
7. Forms pertaining to this policy are available in each unit utilizing this procedure and on Infosource under Clinical Pathways: Sedation Form. The available forms are: 1) Fasting Guidelines for Moderate Sedation, 2) Adult/Pediatric Procedural Sedation Medication Guidelines 3) Moderate Procedural Sedation Flowsheet, 4) Outpatient Post Moderate Sedation Instructions, and 5) Pre-sedation Assessment.
8. Reviewing & Revising.

Reviewed	Revised
04/06/2010	12/10/2013
03/29/2013	08/01/2017
04/17/2015	12/19/2018
10/31/2019	

**\*UPDATE WEBSITE WITH REVISIONS\***

**References:**

- American Society of Anesthesiologist Task Force (2002). Practice Guidelines for Sedation and Analgesia by Non-Anesthesiologists. *Anesthesiology*, 96, 1004-17.
- AORN PeriOperative Standards and Recommended Practices, 2013 Edition, AORN Inc., Pages 415-424
- Medscape Reference—Drugs, Diseases and Procedures, Procedural Sedation Updated May 28, 2013 (<http://emedicine.medscape.com/article/109695-overview>)
- Schwartz, A.J. (2006). Sedation/Analgesia for Diagnostic and Therapeutic Procedures in Children Outside of the Operation Room. The American Society of Anesthesiologist, Inc., Philadelphia, PA. Lippincott, Williams & Wilkins.

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