MARY GREELEY MEDICAL CENTER

Administrative Operational Policy

Moderate Sedation

POLICY:
Mary Greeley Medical Center (MGMC) plans procedures requiring administration of moderate sedation.

PURPOSE:
Monitoring, safety, comfort and documentation for the patient receiving moderate sedation. Moderate sedation is utilized for patients undergoing short term diagnostic and therapeutic procedures. Moderate sedation is done in main operating rooms, PACU, ICCU, Medical Telemetry Unit, Cardiac Cath Lab, Medical Surgical Unit, Pediatric Unit, Radiology, GI Services, Bronch Lab, Oncology, Emergency Department, and Cardiopulmonary Services.

POLICY CONTENT:
The parameters of the policy relate to moderate sedation and does not refer to deep sedation requiring anesthesia.

DEFINITION:
Moderate Sedation / Analgesia (conscious / 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.

RESPONSIBILITY AND TRAINING:

Patients will be screened by the referring or procedural physician for risk factors utilizing the American Society of Anesthesia (ASA) Scoring Guidelines

ASA I: Normal, healthy patient with no systemic disease
ASA II: Mild to moderate systemic with no functional limitations
ASA III: Severe systemic disease with functional limitation that is not incapacitating
ASA IV: Severe systemic disease that is a constant threat to life
ASA V: A moribund patient not expected to survive 24 hours without surgical intervention

Because sedation is a continuum, it is not always possible to predict how an individual patient will respond. Hence, practitioners intending to produce a given level of sedation should be able to rescue patients whose level of sedation becomes deeper than initially intended. Individuals administering Moderate Sedation / Analgesia (“Conscious / Procedural Sedation”) should be able to rescue patients who enter a state of Deep Sedation/Analgesia, while those administering Deep Sedation / Analgesia should be able to rescue patients who enter a state of General Anesthesia. Each individual patient must be closely and continuously monitored to prevent this progression to the deeper sedated states.

1. A licensed independent practitioner involved in the patient's care will document the provisional diagnosis in the patient's medical record before the procedure is performed. The procedural physician will review or obtain the medical history and physical or will document an outpatient assessment after registration, but prior to start of the procedure and if necessary, contact the referring physician for additional information. The procedural physician will also screen the patient for risk factors utilizing the ASA scoring guidelines. The referring or procedural physician will discuss the need for sedation, explain risks, benefits and alternatives with the patient and/or responsible person, document a pre-sedation assessment and will prescribe and order medication to be used. Within 24 hours of the completion of the procedure, a procedure report is completed.
2. Immediately before administration of the sedation, the assessment is reviewed and vital signs are reassessed. Any changes will be communicated to either the referring or procedural physician.
3. Sedation will be ordered by a physician who is approved to perform procedures that involve moderate sedation. Refer to Medical Staff Privilege Manual on MGMC Intranet.
4. Licensed Independent Practitioners administering moderate sedation must be ACLS certified. Radiologists administering moderate sedation must be ACLS or ARLS certified.
5. RNs, ACLS trained respiratory therapist and ACLS trained cardiovascular technician authorized to give care to the patient receiving moderate sedation, shall demonstrate competency in:
    - Demonstrates competency in airway management and resuscitation (such as ACLS, BLS or PALS) appropriate to the age of the patient.
    - Understands the principles of oxygen delivery, transport and uptake, respiratory physiology and the use of oxygen delivery services. Treatment of potential complications including respiratory depression, respiratory obstruction, hypotension, hypertension, or anaphylactic reaction.
    - If caring for patient with cardiac monitoring, operation of cardiac monitoring equipment and arrhythmia recognition.
    - Recognizes potential complications of moderate (conscious) sedation for each type of agent being administered.
    - Has the ability to assess and intervene based upon orders as institutional protocols, in the event of complications and communicates patient status changes to the licensed provider or appropriate personnel.
    - Use of medications and dosages.
    - Assess the total patient care requirements before and during the administration of moderate (Conscious) sedation, and in the recovery phase.
    - Pulse oximetry

PROCEDURE:

Pre-Sedation

1. Verify that pre-procedure laboratory results, other studies and history and physicals are available, if required. Report abnormal results to physician.
2. Determine NPO status of the patient.
3. Complete the admission assessment for outpatients. Document pre-procedure assessment for inpatients/observation patients. Required data includes allergies, baseline vital signs, medical history, patient education, and pre-Aldrete score.
4. Sedation education may include:
    a. Instruct patient and/or responsible person on the procedure, including indications, intra-procedural and post-procedural monitoring.

b. Instruct patient and/or responsible person on the medications used for sedation, and their effects.
c. Instruct the patient and/or responsible person on pain management.
d. Instruct patient and/or responsible person on the need for intravenous access (if applicable) for titration of sedation and antagonists as needed.
e. Provide oral and/or written discharge instructions prior to the procedure to the patient and/or responsible person regarding signs and symptoms of potential complications and the course of action if a complication develops. Diet, medications, activity restrictions, plan for follow-up care and/or appointment date, and a 24-hour telephone number for the physician or health care provider will be provided at time of discharge to the patient and the responsible person. Inform the patient not to make any important decisions or sign any legal documents for 24 hours.

5. The "Consent for Diagnostic or Therapeutic Procedure" or appropriate procedure consent form must be signed, prior to sedation by patient or designee, and witnessed by a licensed MGMC health care professional.
6. Verify physician has completed documentation of Sedation Plan including ASA classification, indication that patient is an appropriate candidate to undergo the planned procedure, sedation, and the medication plan.
7. Gather equipment. Ensure all equipment is age appropriate and size appropriate for the patient receiving sedation, such as:
   - Pulse oximetry
   - Code Cart (refer to Code Cart contents list)
   - Oxygen
   - Monitor/defibrillator
   - Blood pressure monitor or blood pressure cuff
   - Stethoscope
   - Assembled suction apparatus (Yankauer and Flonble Suction Cath 14 FR / 18 FR).
   - Blood and blood component tubing (if needed)
   - Ambu bag should be immediately available
   - Method to summon help
   - Intravenous tubing and fluids
   - Appropriate medications
   - Emergency airway equipment available

8. IV fluids implemented per physician’s order.
9. Place on cardiac monitor and administer oxygen at discretion of physician. Heart rate and oxygenation should be continuously monitored in all patients undergoing moderate sedation. If the patient is to receive supplemental oxygen therapy, a pulse oximetry reading on room air should be documented. Subsequently after oxygen therapy is initiated another pulse oximetry reading should be obtained.
10. Perform “Time Out” immediately prior to the beginning of the procedure, if surgical or non-surgical invasive procedure. The “Time Out” should be conducted in the location where the procedure will be done. It should involve the entire procedural team, using active communication. Documentation should include: (N1)
    - Correct patient identity
    - Correct side and site
    - Correct procedure
11. Immediately before administering moderate sedation, re-evaluate the patient’s vital signs including pulse oximetry. For sedation, document this assessment on sedation flowchart on unit specific documentation form or sedation narrator. Communicate any changes to either the referring or procedural physician.

12. Document pre-procedural medication administration on MAR and/or sedation flow sheet or sedation narrator.

Intra-procedure

The RNs, ACLS trained RT or ACLS trained cardiovascular technician are responsible for monitoring and assessing the patient receiving moderate sedation and analgesia. During moderate sedation, the registered nurse, ACLS trained respiratory therapist, and ACLS trained cardiovascular technician should have no other responsibilities during the procedure that would leave the patient unattended or compromise continuous monitoring. Adequate monitoring of the patient's level of sedation must be maintained.

1. The procedural physician is available during all sedation procedures and is notified immediately of any change in the patient's status including occurrence of bradycardia, change in respiratory rate or quality, or oxygen saturation < 92%.
2. Continuously monitor oxygen saturation and cardiac rhythm if the patient is on a cardiac monitor.
3. If oxygen saturation <92% for greater than one minute, apply oxygen at 2-6 L per NC or at the physicians discretion.
4. Every 5 minutes monitor and document blood pressure (N/A for Peds patients), pulse (continuous pulse by SP02), respiratory status (respirations and/or SPO2), and level of consciousness utilizing the Sedation Scale.

<u>Sedation Scale</u>
1 = Alert
2 = Occasionally drowsy; easy to arouse
3 = Frequently drowsy; easy to arouse
4 = Asleep; easy to arouse
5 = Somnolent; difficult to arouse
6 = Asleep; no attempt to arouse
7 = Unable to arouse

<u>Crisis Intervention</u>
1. Emergency resuscitative equipment and medications with appropriately trained personnel will be readily available in all areas administering sedation. Emergency call lights or intercom system are available to summon additional assistance within the procedural areas. Overhead paging is available from any phone within the medical center by dialing 799 to announce Medical Emergency.
2. Notify physician of any significant changes in patient condition (i.e., decreased level of consciousness, change in vital signs or cardiac rhythm, unrelieved or unexpected pain).
3. Potential Complications and Emergencies:
    - Respiratory depression - Assess respiratory status. Apply oxygen to maintain oxygen saturation of > 92%. Elevate head of bed if able. Consider reversing agent. Prepare for endotracheal intubation if above maneuvers are inadequate.
    - Respiratory obstruction - Perform head tilt, chin lift maneuver. Place oral/nasal airway. Suction as necessary. Prepare for endotracheal intubation if above maneuvers are inadequate.
    - Dysrhythmia - Refer to most recent ACLS Guidelines.
    - Hypotension - Place head of bed flat. Prepare to give IV fluid bolus (if ordered). Consider reversing agent.
    - Hypertension - Assess possible causes. Notify physician for medical intervention.
    - Anaphylactic reaction & rash; refer to procedure, "Anaphylaxis."

Safety Issues

1. All side rails should be up and locked on beds and carts with safety straps in place when applicable.
2. Wheels on beds, carts and wheelchairs should be locked.
3. Keep call light within reach.
4. Assist patient when getting up, especially the first time.
5. Patient should have a responsible person present for discharge instructions and to drive the patient home.

Post-procedure

1. Do not transfer to post procedure care until Aldrete score within 2 of pre-Aldrete score.
2. Hand off communication will be provided to the recovery area following SBAR (situation, background, assessment, recommendation) method of communication.
3. Monitor oxygen saturation and cardiac rhythm if the patient is on a cardiac monitor, every 15 minutes and as needed for at least 30-60 minutes after the last sedative dose. Supplemental oxygen shall be available for any patient receiving moderate sedation during the post procedure period.
4. Patients are monitored with oxygen saturation, blood pressure, heart rate, respiratory status (respiratory rate and or SpO2) and visual assessment every 15 minutes.
5. Complete post-procedure Aldrete Score on appropriate flowsheet or sedation narrator.
6. Patients will be recovered a minimum of one hour following the administration of a reversing agent.
7. Discharge when Aldrete score is 10 or with a score equal to or greater than the pre-sedation score.
8. ICCU patients will be transferred immediately back to the unit accompanied during transport by an RN.

Discharge Criteria

The Aldrete score system will be utilized to determine the patient's readiness for discharge from the medical center or the procedure area, following the administration of sedation. The patient may be discharged with a score of 10 or with a score equal to or greater than the pre-sedation score. Patients receiving sedation on the nursing units will resume routine vital signs and assessments once the discharge score has been met.

If there is any question regarding patient readiness for discharge, the physician will be notified. Discharge instructions will be given to and understood by the patient and/or responsible person. Discharge instructions will include the following:

- Signs and symptoms of potential complications/course of action if a complication develops
- Diet
- Activity
- Medications
- Plan for follow-up (appointment date)
- 24-hour telephone number for the physician or health care provider
- Safety (seat belts may compromise airway)
- Restrictions
- Inform patient not to make any important decisions or sign any legal documents until tomorrow.

The patient must be accompanied at discharge by a responsible adult who will be responsible for the patient and drive them home.

Inpatient post procedure report will be given to receiving unit.

Documentation

Pre, intra-, and post-procedure documentation shall be completed by the physician, registered nurse or ACLS trained respiratory therapist or ACLS trained cardiovascular technician.

Electronic documentation should reflect evidence of continued assessment, planning, implementing, and evaluating the outcomes of patient care. Electronic documentation for patients receiving sedation shall include but not be limited to:

1. Pre-procedural assessment.
2. IV access and fluids, if administered.
3. Medications given to include dose, route, and time.
4. Intra-procedure and post-procedural assessment.
5. Teaching instructions and information provided to patient/responsible person.

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