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IHS Care of Patients Requiring Procedural Sedation Administered by Non-Anesthesia Personnel Policy

Purpose:

This policy defines the standards to promote safe and consistent care for patients undergoing procedural sedation by non-anesthesia personnel throughout the Inova Health System.

Applies to:

All Diagnostic and therapeutic procedures performed under Sedation by non-anesthesia personnel

Definitions:

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Anesthesia	General anesthesia is a drug-induced loss of consciousness during which individuals served are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Individuals served often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.
Deep Sedation/ Analgesia	A drug-induced depression of consciousness during which individuals served cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Individuals served may require assistance in maintaining a patent airway and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.
Moderate Sedation/ Analgesia	A drug-induced depression of consciousness during which individuals served 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.
Minimal Sedation (Anxiolysis)	A drug-induced state during which individuals served respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilation and cardiovascular functions are unaffected. For situations where it is anticipated that the required sedation will eradicate a patient's purposeful response to verbal commands or tactile stimulation (as distinct from reflex withdrawal from a painful stimulus) the Deep Sedation standards will prevail.
Health-Care Provider	<ul style="list-style-type: none"> • Physician Members of the Medical Staff (MD, DO), Oral Surgeons, and Podiatrist, who is credentialed in sedation. • An NP or PA who is credentialed in sedation, with an attending physician available who is privileged in sedation. • Registered Nurses (RN). • Residents who are under the supervision of members of the Medical Staff who themselves have privileges for Moderate or Deep Sedation may administer Moderate or Deep Sedation. The supervisory attending/ member of the Medical Staff must remain immediately available during the recovery period. • Credentialed and privileged clinical fellows. • Pharm D, Respiratory Care Practitioner (RCP) or Registered Cardiovascular Invasive Specialist (RCIS) or equivalent- (i.e. - Registered Cardiac Electrophysiology Specialist (RCES), - Radiographic Technologist Registered- Cardiovascular (RTR-CV), and Radiographic Technologist Registered- Cardiac Interventional, (RTR-CI) who meet the competencies and required ACLS certification.

Policy Description:

The administration of Sedation will be practiced under the direction of the Department of Anesthesiology in compliance with Medical Staff Standards and applicable laws and regulations.

- Regardless of the intended level of sedation or route of administration, sedation represents a continuum from a "light" level of sedation to obtundation. There is significant inter-patient variability. An understanding of the underlying medical/surgical conditions and how these might affect the patient's response to medication, e.g., drug metabolism, drug sensitivity, and potential airway obstruction, is vital to the safe sedation of the patient.
- This policy will be governed by the Inova Health System Sedation Committee (IHSSC). **Data on sedation volumes, adverse events, and associated documentation will be tracked and monitored by each site of care and discipline monthly. This data will be reported to the site of care quality committee no less than annually.**

Health Care Provider Administration of Sedative Medications

The Health Care Provider may administer - either by bolus or infusion - medications that are sedative agents directed for use by the Medical Staff Member credentialed in sedation, only if they have completed designated moderate sedation training and obtained the associated competency.

Personnel for Administering Moderate Sedation

1. A minimum of two competent Health Care Providers who have completed Sedation Competency are required when administering sedation.
2. A competent Health Care Provider will administer the prescribed medications for sedation under the direct supervision of the credentialed Medical Staff Member, and will monitor the patient receiving sedation throughout the duration of the procedure.

*The individual performing the procedure **will not be** the same individual responsible for monitoring the patient

Personnel for Administering Deep Sedation

1. If the intent at the start of the procedure is to provide a level of deep sedation, a minimum of two Medical Staff Members are required. One credentialed in deep sedation to provide the sedation and monitor the patient, and the other to perform the procedure. Both providers must be present for the entire procedure. The individual performing the procedure will not be the same individual responsible from monitoring and sedating the patient unless in exceptional situations outlined below.
2. A Health Care Provider meeting competency for Deep Sedation may participate in Deep Sedation but cannot be the sole provider for the sedation.

*The individual performing the procedure **will not be** the same individual responsible for monitoring and sedating the patient.

EXCEPTIONS

For infrequent cases in which a second Medical Staff Member credentialed in Deep Sedation is not available to perform the procedure and a delay in treatment has a likelihood of an outcome resulting in patient harm, the available Medical Staff Member will weigh the benefits and risks of proceeding. The decision to proceed should only occur in a critical care setting, e.g., ICU, PACU, ED, and be performed according to Deep Sedation guidelines. The Medical Staff Member responsible for the decision should document in the medical record that this decision was made to prevent significant harm to the patient.

CREDENTIALING/COMPETENCY

1. Inova Health System maintains appropriate credentialing criteria and standards for Focused Professional Practice Evaluation (FPPE) and Ongoing Professional Practice Evaluation (OPPE) for the privilege to administer Sedation. Members of the Medical Staff qualified to perform procedures requiring Moderate or Deep Sedation and Health Care Providers qualified to provide care of a patient during Moderate or Deep Sedation will at a minimum demonstrate:
 - a. Knowledge of age specific normal values of cardiac and respiratory rates.
Knowledge of the procedures performed and their implications for the degree of sedation.
 - b. Knowledge of the pharmacology of the medication(s) used and their reversal agent(s) by identifying actions, dose, route, side effects and reversal agent(s).
 - c. Skills necessary to recognize and treat complications of sedation including those associated with the type of sedation being planned (Moderate or Deep).
 - d. Skills necessary to recognize a change in cardiac rhythm and airway obstruction.
 - e. Skills necessary to rescue patients from unplanned Deep Sedation in the case of planned Moderate Sedation.
 - f. The skills of advanced cardiopulmonary life support.
 - g. Providers performing sedation on children less than 6 are required to obtain specific credentialing in pediatric sedation.

POLICIES:

[Universal Protocol for Preventing Wrong Person, Wrong Procedure and Wrong Site Surgery/ Invasive Procedure](#)

[Transferring a Patient between Care Units Policy](#)

[Telemetry Monitoring for Non-ICU Adult Patients](#)

REFERENCES:

Clinical Policy: Procedural Sedation and Analgesia in the Emergency Department

Association for Radiologic & Imaging Nursing Clinical Practice Guideline Moderate Sedation and Analgesia

Practice Guidelines for Moderate Procedural Sedation and Analgesia 2018: A Report by the American Society of Anesthesiologists Task Force on Moderate Procedural Sedation and Analgesia, the American Association of Oral and Maxillofacial Surgeons, American College of Radiology, American Dental Association, American Society of Dentist Anesthesiologists, and Society of Interventional Radiology

Practice Guidelines for Preoperative Fasting and the Use of Pharmacologic Agents to reduce the risk of Pulmonary Aspiration: Application to Healthy Patients Undergoing Elective Procedures. Anesthesiology.

Attachments

[Addendum A: Procedure for Patients Requiring Procedural Sedation Administered by Non-Anesthesia Personnel](#)

[Addendum B: Physician Initial and Reappointment for Moderate Sedation](#)

[Addendum C: Advance Practitioner Provider Initial and Reappointment for Moderate Sedation](#)

[Addendum D: Physician Initial and Reappointment for Deep Sedation](#)

[Addendum E: Advance Practitioner Provider Initial and Reappointment for Deep Sedation](#)

[Addendum F: ASA Physical Status Classification](#)

[Addendum G: NPO & Fasting Guidelines](#)

[Addendum H: Reference Adult Medications](#)

[Addendum I: Reference Pediatric Medications](#)

[Addendum J: Mallampati Classifications](#)

Approval Signatures

Step Description	Approver	Date
Chief, Clinical Enterprise	Steve Motew: Chief Clinical Enterprise	10/2021
System Nursing Congress and Chief Nursing Executive Approval	Maureen Sintich: Evp Chief Nursing Officer	10/2021
Legal/Compliance/Risk Review	Julie Radford: Avp Risk Mgmt And Insurance	09/2021
Legal/Compliance/Risk Review	Sally Na: Associate General Counsel	08/2021

Legal/Compliance/Risk Review	Lee Hicks: Avp Regulatory Compliance	06/2021
Legal/Compliance/Risk Review	Mary Edmondson: Avp Chief Compliance Officer	06/2021
Clinical Policy Council Review	Fadia Feghali: Vp Nursing Neuro Services	06/2021

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