



South Eastman Health/Santé Sud-Est Inc.

	No: SC-INTRA004/AC-A004
Approved By: Medical Advisory Committee	Source: Regional Client Care Manual Category: Surgical Care/Acute Care
New/Replaces: Date Approved: 05 May 04 Reviewed: Revised: 04 June 08/ 30 April 10	Subject: Adult Conscious Sedation

POLICY:

- A. To provide sedation and analgesia to facilitate the performance of a procedure and return the patient to pre-treatment level of consciousness in a safe and effective manner.
- B. Physician must obtain informed consent.
- C. Guidelines for the elective use of conscious sedation in South Eastman Health/Santé Sud-Est Inc. (See Appendix B)
- D. Nurse has successfully completed the conscious sedation competency check and annual review of education package.

DEFINITION:

Conscious Sedation definition is the intravenous administration of pharmacological agents to produce a controlled state of depressed consciousness that:

- Allows protective reflexes to be maintained.
- Retains the patient's ability to maintain a patent airway.
- Permits appropriate responses by the patient to voice or touch.

*The use of opioid analgesics alone in analgesic doses range does not constitute conscious sedation. (See Appendix A)

PROCEDURE:

- A. Prior to proceeding with conscious sedation the following must be in place:
 1. Necessary equipment is available.
 2. Physician credentialed in the management of patients undergoing a procedure utilizing IV conscious sedation.
 - 3.

4. One credentialed nurse to continuously monitor and manage care of patient receiving IV conscious sedation.
5. If assistance is needed with the procedure a third person is available.
6. Personnel trained and experienced in resuscitation and advanced airway management are available to respond immediately in the event of an emergency.

B. Equipment to be available includes:

1. Pulse oximeter.
2. Oxygen supply.
3. Suction.
4. Automated non invasive BP machine.
5. ECG monitor for patients with significant cardiovascular disease.
6. A bed/stretchers/OR table which can be promptly placed in head down position could be considered.
7. Ambubag and oral airway.
8. Flumazenil (benzodiazepine antagonist) and an effective opioid narcotic antagonist, like narcan/naloxone.

Note Well: Flumazemil is not recommended for patient who has a Benzodrozepine tolerance.

C. Physicians credentialed must:

1. Attend an educational session that includes pharmacology of all agents used in conscious sedation, including dosage, side effects and available antagonists.
2. Ensure immediate availability of on-site personnel competent in CPR.
3. Be able to recognize associating complications and treat accordingly.
4. Possess the ability to assess and confirm a patient's level of consciousness.
5. Ensure that any other personnel involved in administering conscious sedation under their supervision are also qualified.
6. Must remain immediately available until the patient is alert/stable.

D. Nurses must initially attend an education session that includes:

1. Parameters of patient assessment: pre, intra, and post procedure.
2. Pharmacology of agents used for conscious sedation including dosages, side effects and available reversal agents.
3. Oxygen delivery systems, pulse oximetry, and airway management.
4. Management of complications of conscious sedation.
5. Assisting with airway management and resuscitation as evidenced by current certification at the BLS level.
6. Nurses complete the self learning package annually.

E. An assessment prior to the procedure must include the following:

1. Chief complaint.
2. History and physical.

3. ASA classification based on Medical History:
The ASA (American Society of Anaesthesiologists) classification of physical status can be used to assess patient suitability for procedures. Only patients classified as Class 1 or Class 2 will be considered for conscious sedation when monitored by a nurse. Patients classified as a III or greater require an anesthetist to be present.
Class I - Healthy Patient (no acute or chronic illness).
Class II - Mild Systemic disease no functional limitation.
Class III - Severe Systemic disease with functional limitation (e.g. angina with limited exercise tolerance, asthma requiring intermittent hospitalization).
Class IV - Severe Systemic illness that is a constant threat to life.
Class V - Acutely ill patient, not expected to survive greater than 24 hours with or without surgery.
4. Current medication.
5. Drug allergies.
6. Tobacco, smoking & substance use history.
7. Height, weight and age.
8. Baseline vital signs, O₂ saturations and cardiac rhythm is applicable.
9. Level of consciousness.
10. Emotional state.
11. Communication ability.
12. Patient perceptions regarding the procedure and intravenous conscious sedation.

13. Last oral intake.

F. Administration of Medication:

1. Patient must have an IV infusing. Venous access is necessary for administration of IV conscious sedation drugs and reversal agents should they be required.
2. Medications must be administered according to the IV drug monographs.
3. IV medication will only be administered by the physician or by a nurse or under the direct supervision and in the presence of the physician.

G. Monitoring:

1. One credentialed nurse must be continuously monitoring and/in constant attendance pre, intra, and post procedure.
2. Vital signs to be monitored and recorded include: Continuous oxygen saturation; blood pressure, pulse and respirations q 3-5 minutes or more frequently if indicated.
3. Cardiac patients and patients classified as ASA III or greater should have continuous cardiac & SPO₂ monitoring.
4. The nurse will monitor and record patient consciousness, alertness and tolerance of procedure.

H. Recovery:

1. Following the procedure, the patient will be recovered in the ACU/PACU area, Emergency Department or Cardiac Room.
2. Post procedure baseline vital signs- BP, P, R, O₂ sat and LOC, repeat q 5

- min and prn until patient meets pre procedure baseline vital signs.
3. Recovery time may vary depending on length of procedure and patient response.
 4. Prior to discharge the patient must be able to ambulate without dizziness, nausea or vomiting.
 5. The patient must be discharged to the care of a responsible adult and arrangements made to be at home with the adult for 12 hours following the administration of IV conscious sedation medication.
 6. Discharge instructions (Appendix C) to be given to patients as indicated.

**Continuum of Depth of Sedation
Definition of General Anesthesia and Levels of Sedation/Analgesia***

(Approved by House of Delegates on October 13, 1999)

	Minimal Sedation (Anxiolysis)	Moderate Sedation/Analgesia ("Conscious Sedation")	Deep Sedation/Analgesia	General Anesthesia
Responsiveness	Normal response to verbal stimulation	Purposeful** response to verbal or tactile stimulation	Purposeful** response following repeated or painful stimulation	Unarousable even with painful stimulation
Airway	Unaffected	No intervention required	Intervention may be required	Intervention often required
Spontaneous Ventilation	Unaffected	Adequate	May be inadequate	Frequently inadequate
Cardiovascular Function	Unaffected	Usually maintained	Usually maintained	May be impaired

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 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.

Minimal Sedation (Anxiolysis) is 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 ("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 patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

Deep Sedation/Analgesia is 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.

General Anesthesia is a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance 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.

*Monitored Anesthesia Care does not describe the continuum of depth sedation, rather it describes "a specific anesthesia service in which an anesthesiologist has been requested to participate in the care of a patient undergoing a diagnostic or therapeutic procedure.

**Reflex withdrawal from a painful stimulus is NOT considered a purposeful response.



South Eastman Health/Santé Sud-Est Inc.

GUIDELINES FOR THE ELECTIVE USE OF CONSCIOUS SEDATION

The following list indicates current performed procedures in South Eastman Health/Santé Sud Est Inc. which may utilize conscious sedation:

PROCEDURE
1. Central Line Insertion
2. Cardioversion
3. Thoracentesis
4. Paracentesis
5. Chest Tube Insertion
6. Pleurodesis
7. Gastrointestinal Endoscopy Upper & Lower GI
8. Bone Marrow Aspiration & Biopsy
9. Reduction of Joints and Closed Fractures
10. Orthopaedics
11. Surgical Procedures
12. Fluoroscopic Guided Procedures
13. For Uncooperative & Anxious Patients requiring diagnostic or therapeutic intervention.
14. D & C & Other Surgical Procedures
15. Minor Plastic Surgical Procedures
16. Dressing Changes
17. Local Skin Grafting
18. Nasal Packings
19. Incision & Drainage



CONSCIOUS SEDATION

You have received medication for sedation and/or pain. The effects of this medication may stay in your system for 12 – 24 hours. Many people do not recall any of the procedure because of the “loss of memory” effects of the medication(s).

For your safety, please be aware of the following instructions:

- You will experience temporary impairment of memory, judgment, and reaction time.
- Do not drive a motor vehicle, operate machinery, or power tools.
- A family member/significant other must drive you home from the hospital.
- Do not make any important decisions or sign legal papers.
- Your balance and coordination will be affected, therefore be cautious when walking.
- Someone should stay with you overnight in case there are problems like drowsiness, difficulty concentrating, lack of coordination, or nausea. The person staying with you should wake you every 2 hours for the next 6 hours.
- If nausea or vomiting occurs, stay on clear fluids. Increase your diet as you can tolerate.
- Do not drink alcoholic beverages for 24 hours.

For Seniors:

- The medication effects may last longer. Have someone stay with you for 24 hours.

For Children:

- Coordination and balance may be affected over the next 24 hours. Supervise all activities.

If you have any concerns or questions, please call the hospital where treatment was received.