Procedural Sedation

Patient safety is the first priority of the nurse involved in perianesthesia care (American Society of PeriAnesthesia Nurses [ASPN], 2010). Procedural sedation for patients undergoing diagnostic, therapeutic or invasive procedures is planned and administered to alleviate patient anxiety, discomfort and pain. Safe procedural sedation relies on a clear delineation of medical and nursing responsibilities in the context of a sedation team that may or may not include licensed anesthesia providers.

The responsibilities and competencies of the Registered Nurse (RN) within the team must be defined, and nursing interventions planned and implemented according to patient needs and consistent with licensed scope of practice. There should be dedicated policies, procedures and protocols for all procedural sedation activities, including, but not limited to pre-sedation assessment and evaluation, patient education, patient consent, cardiovascular monitoring, drug selection and administration, management of potential adverse reactions or complications, post-sedation recovery, and appropriate use of available and emerging technology (American Association of Nurse Anesthetists [AANA], 2016).

An appropriately trained RN means one who has been trained to administer prescribed medications, manage and monitor patients during minimal and moderate procedural sedation. Pharmacologic agents for sedation must be administered by a RN under the direct supervision of non-anesthesiologist physicians or other providers authorized to administer anesthesia. **Dentists are required to have a sedation permit (Dentistry Practice Act, 38-1137). Certified Registered Nurse Anesthetists (CRNAs) do not supervise RNs for the administration of sedation.**
MINIMAL SEDATION

Definition: Minimal sedation (anxiolysis) is a drug-induced state during which patients respond normally to verbal commands. Cognitive function and coordination may be impaired, but airway reflexes, and ventilatory and cardiovascular functions are unaffected (American Society of Anesthesiologists [ASA], 2014).

Medications: It is within the scope of practice of an appropriately trained RN to administer medications for minimal procedural sedation. Nitrous Oxide should be administered by the RN as a single agent, not concurrently with any other sedative or depressant.

MODERATE SEDATION

Definition: Moderate sedation (formerly referred to as 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. Reflex withdrawal from a painful stimulus is NOT a purposeful response. Interventions are not required to maintain a patent airway. Spontaneous ventilation is adequate, as demonstrated by measurements of respiratory rate, SPO2 level and End Tidal Capnography. Cardiovascular function is usually maintained. (ASA, 2014). Loss of consciousness should not be the goal for patients undergoing moderate sedation.

Medications:

Non-Anesthetic Agents. It is within the scope of practice of an appropriately trained RN to administer non-anesthetic medications for moderate procedural sedation. Pharmacologic agents used for the purposes of moderate sedation should render loss of consciousness unlikely. The RN caring for the patient shall have no other responsibilities that would leave the patient unattended or compromise continuous patient monitoring.

Anesthetic Agents. Using anesthetic agents for the purposes of moderate sedation presents serious risks to the patient, including loss of protective reflexes and airway, no matter who is
administering the drug. Sedation is a continuum and it is not always possible to predict how an individual will respond. Advanced Cardiac Life Support (ACLS) certification alone does not ensure the RN ongoing expertise in airway management and emergency intubation. Personnel with expertise in airway management and emergency intubation must be readily available.

Propofol. The clinical effects for patients receiving Propofol may vary widely within a negligible dose range and there are no reversal agents (ASA, 2014, Institute of Safe Medication Practices [ISMP], 2005). An appropriately trained RN may only administer Propofol for moderate sedation under the following circumstances:

1. To intubated, ventilated patients in a critical care setting OR
2. When assisting an anesthesia provider who is intubating or otherwise managing the patient airway.

Other. Other medications labeled as anesthetics may be administered by the RN for moderate sedation. The supervising non-anesthesiologist provider must have competence and credentialing in advanced airway management, including emergency intubation AND the availability to abandon any procedure to rescue the patient from deep sedation or general anesthesia.

References


