|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | **Huron Perth Healthcare Alliance** | | | | **1. Clinical Policies and Procedures** | Original Issue Date: | April 01, 2014 | | **Procedural Sedation** | Review/Effective Date: | September 14, 2018 | | **Approved By: VP, People and Chief Quality Executive** | Next Review Date: | September 14, 2020 | |
| https://intranet.hpha.ca/myalliance/imgs/spacer.gif |
| This is a CONTROLLED document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the document (titled as above) on the file server prior to use. |
| |  | | --- | | **Scope:**  This policy applies to Registered Nurses (RNs), Registered Respiratory Therapists (RRT) and Physicians who have received appropriate theoretical preparation to care for adult and paediatric patients requiring procedural sedation at the Huron Perth Healthcare Alliance (HPHA). | | **Policy Statement:**  This policy describes the indications for and key roles and responsibilities of healthcare professionals involved in the procedural sedation of patients at the HPHA. Healthcare professionals shall defer to the Elsevier Module: [Moderate Sedation During a Diagnostic Procedure](http://mns.elsevierperformancemanager.com/SkillsConnect/Default.aspx?Token=1046880&SkillID=633) for specific procedural sedation steps and patient monitoring guidelines. | | **Purpose Statement:**  The purpose of this policy is to provide guidelines for Registered Nurses, Registered Respiratory Therapists and Physicians related to the care of patients requiring procedural sedation in a variety of HPHA clinical settings. It is expected that all staff shall adhere to the principles outlined in this policy as well as the aforementioned Elsevier Module. | | **Definitions:**  *Procedural Sedation* (also known as “conscious sedation”, “light” or “moderate” sedation) is a medically controlled state of depressed consciousness that:   * Allows protective reflexes to be maintained. * Retains the patient's ability to maintain a patent airway independently and continuously. * Permits appropriate response by the patient to physical stimulation and/or verbal command.   *Deep Sedation* is a medically controlled state of depressed consciousness or unconsciousness in which the patient is not easily aroused, and that may be accompanied by a partial or complete loss of protective reflexes, inability to maintain a patent airway and inability to respond purposefully to physical stimulation or verbal command. | | **Indications:**  Certain diagnostic, interventional, or therapeutic procedures which requires patient cooperation with the procedure, allows a rapid return to the pre-procedure status, and minimizes the risk of injury.  For patients undergoing invasive procedures that cause anxiety, discomfort, or pain, children and adults undergoing procedures that cause pain or discomfort, and procedures that require limited patient movement. | | **Considerations:**  Procedural sedation will be performed in a location where there is immediate access to emergency resuscitation equipment appropriate to the patient’s age and size, under the direct supervision of a physician, with the participation of at least 2 other qualified registered healthcare professionals (see competency requirements below).  Consideration should be given to factors that may affect the patient’s response to medications used for procedural sedation, such as:   * Previous reactions to drugs used for sedation and/or analgesia * Current medications and possible interactions * History of drug and/or alcohol abuse * Factors affecting drug metabolism and elimination, such as renal or hepatic insufficiencies   Consult anesthesia if the patient has comorbidities, such as sleep apnea, obesity, a history of difficult intubation, a difficult airway, or a past inability to tolerate moderate sedation.  Monitoring the patient for the adequacy of ventilation should include ongoing observation of clinical signs and the presence of exhaled carbon dioxide (ETCO2) in order to detect early adverse respiratory events.  **Roles and responsibilities of HPHA healthcare professionals in a procedural sedation:**   |  |  | | --- | --- | | **Healthcare Professional** | **Responsibilities** | | Physician | * Obtains patient/substitute decision maker consent for procedure * Supported by at least two other healthcare providers competent in procedural sedation (RN, RRT, MD) * Performs this procedure with crash cart readily available at patient’s bedside. * Responsible to initiate resuscitative measures when appropriate. | | Registered Nurse | * Collects and ensures necessary equipment for procedural sedation is in working order. * Ensures a functioning suction apparatus is present. * Secures patent IV access. * Accountable for medication administration as ordered by the physician * Provides continuous visual assessment and monitoring of oxygenation, ventilation, airway patency, pulse oximetry and end-tidal carbon dioxide (ETCO2) of the patient undergoing procedural sedation. * If no RRT, second RN monitors airway and manages crash cart and difficult airway cart as required * Responsible to initiate resuscitative measures when appropriate. * Accurately documents all aspects of procedural sedation per the HPHA clinical unit’s standard. * Monitors the patient and recognizes complications of sedation, continuous monitoring of oxygen saturation and heart rate, and recording of respiratory rate and blood pressure every 5 minutes during the procedure. | | Registered Respiratory Therapist | * Collects and ensures necessary equipment for procedural sedation is in working order. * Has intimate knowledge of the difficult airway cart * Provides continuous visual assessment and monitoring of the patient’s oxygenation, ventilation and airway patency. * Responsible to initiate and/or assist with resuscitative measures when necessary. | |   **Procedure Chart:**   |  |  | | --- | --- | | **Procedure** | **Rationale** | | * For list of supplies, patient monitoring guidelines and step-by-step procedure see Elsevier Module [Moderate Sedation During a Diagnostic Procedure](http://mns.elsevierperformancemanager.com/SkillsConnect/Default.aspx?Token=1046880&SkillID=633). * Prior to commencing procedure, ensure availability of pharmacological reversal agents Flumazenil (IV) and Narcan (IV) as directed by the anesthesia provider. |  |   **HPHA Documentation Requirements of a Procedural Sedation:**   * Patient history, physical examination and pre-sedation assessment. * Vital signs, airway patency, Sp02, and ETC02 levels and waveforms. * Name of drug, route and time of administration, and dosage of all drugs administered. * The patient’s response to medication, including any adverse reactions. * Patient’s weight in kilograms. * IV line patency, location and gauge. * Patient and family education. * Unexpected outcomes and related nursing interventions. * Pain assessment and management. * Moderate sedation documentation per the specific HPHA clinical unit’s documentation standard. * Times procedure started and ended. * Documentation of informed consent   **Patient Teaching and Discharge:**   * Provide the patient and family with an explanation of the procedure, the equipment and reason for the procedure. * Encourage questions and answer them as they arise. * To be considered stable enough for transfer or discharge, the patient must meet discharge criteria as defined by the specific HPHA clinical unit’s standards. * Guidelines for patient discharge may include, but are not limited to:   + Voluntarily movement of extremities   + Breathe and/or cough on demand   + Systolic Blood Pressure within 15mmHg of baseline   + Patients should be awake and remain awake for at least 20 minutes without stimulation   + Meet discharge criteria that is described i.e. SaO2 greater than 92% , BP within 20% of pre-sedation * Ensure that discharge instructions given to adults responsible for the care of infants and toddlers riding home in a car seat include careful observation of the child’s head position to avoid airway obstruction. Instruct family members that two adults should accompany the child home: one adult to drive and the other to observe the child. Ensure that written and verbal discharge instructions specific to the clinical area are provided to adults responsible for the care of infants and toddlers having undergone a procedural sedation. * Adult patient must be accompanied home with adult and have discharge instructions   **HPHA Related Documents:**  [HPHA End Tidal C02 Monitoring Policy](https://intranet.hpha.ca/myalliance/Default.aspx?cid=9034&lang=1)  **References:**  Annals of Emergency Medicine, Vol 62, No 2, Feb 2014 pp247-58 e18 *Clinical Policy: Procedural Sedation and Analgesia in the Emergency Department*.  See Elsevier Module: [Sedation Assessment Scales (Pediatric)](http://mns.elsevierperformancemanager.com/SkillsConnect/Default.aspx?Token=1046880&SkillID=909)  See Elsevier Skill within: [Moderate Sedation: Patient Monitoring (Perioperative)](http://mns.elsevierperformancemanager.com/SkillsConnect/Default.aspx?Token=1046880&SkillID=10648)  See Elsevier Skill within: [Moderate Sedation During a Diagnostic Procedure](http://mns.elsevierperformancemanager.com/SkillsConnect/Default.aspx?Token=1046880&SkillID=633). |