Procedural Sedation Consensus Statement

The immediate availability of interventions including procedural sedation is critical to serving the needs of our patients. Preserving life, restoring health, and alleviating suffering have been fundamental to the practice of nursing and medicine for centuries. We are challenged as health care professionals to provide this care in a manner that meets the Institute of Medicine's ***Six Quality Aims*** of safe, effective, timely, efficient, equitable, and patient centered care. Patients with emergency medical conditions frequently experience significant treatable pain and anxiety. There is ample evidence to support the routine use of procedural sedation by appropriately trained and credentialed emergency nurses and physicians.

PRINCIPLES FOR PROCEDURAL SEDATION IN EMERGENCY CARE SETTINGS

- ***Patients*** have a right to expect that:
  - their survival and recovery will always be top priorities;
  - their care will be provided in a safe and patient centered manner;
  - their comfort will be assessed and pain managed in an equitable, timely, and efficient manner;
  - their care in emergency care settings will be consistent with current medical knowledge and practice;
  - their emergency caregivers will be appropriately trained and credentialed; and
  - they will be provided sufficient information, when possible, to allow them to participate in therapeutic decisions and provide informed consent.
- The primary goal of procedural sedation for patients in emergency care settings is to manage pain and anxiety while facilitating immediate interventional procedures.
- The response to sedating medications follows a broad continuum that varies from patient to patient. Care must be customized to both the patient and the clinical situation, and caregivers must be able to recognize and manage potential complications.
- Procedural sedation is safe and effective when performed by appropriately trained, credentialed, and supported emergency nurses and physicians.

We, the undersigned organizations, agree:

1. Medications including, but not limited to, etomidate, propofol, ketamine, fentanyl, and midazolam are utilized by healthcare professionals to facilitate management of a continuum of painful conditions. These extend from simple pain management and maintenance sedation to moderate-deep sedation for painful procedures. Because of the myriad ways these medications might be used, it is best to focus on the goal of the intervention rather than the medication itself.

2. Procedural sedation is defined as a technique of administering sedatives or dissociative agents with or without analgesics to induce a state that allows the patients to tolerate an unpleasant procedure while maintaining cardiorespiratory function. (American College of Emergency Physicians [ACEP] Clinical Policy for Procedural Sedation and Analgesia in the Emergency Department, ***Annals of Emergency Medicine 2005***)

3. Procedural sedation medications may be administered by a registered nurse (RN) ***in the presence of*** a physician, advanced practice registered nurse, or other health care professional credentialed and privileged for procedural sedation. RNs administering such medications must possess the training and competencies described in item 4 below.

4. Administration of medications for procedural sedation by a RN is a specialized skill that requires specific knowledge and competencies including, but not limited to:

    a. An understanding of the principles of oxygen delivery, transport and uptake, and respiratory physiology.
    b. Demonstrated competency in airway management appropriate to the age of the patient including monitoring patient oxygenation and ventilation (e.g. skin color, respiratory rate, pulse oximetry, secondary confirmation of endotracheal tube placement), initiation of resuscitative measures, and utilization of oxygen delivery devices (e.g. nasal cannula, mask, basic airway techniques, oral/nasal airways, bag valve mask).
    c. Demonstrated knowledge of anatomy, physiology, pharmacology, cardiac dysrhythmia recognition, and complications related to procedural sedation and analgesia.
    d. Ability to initiate cardiac resuscitation procedures (e.g. CPR, cardioversion, defibrillation)
    e. Identification and differentiation of the various levels of sedation.
    f. Demonstrated competence in pre-procedural, procedural, and post-procedural nursing care from the initial patient evaluation to patient discharge (e.g. patient assessment and monitoring, IV fluid administration, medication administration).
    g. The ability to recognize complications and intervene appropriately.
    h. Knowledge of the legal/liability ramifications associated with an independently licensed RN administering procedural sedation.

5. Procedural sedation requires the presence of two licensed professionals at the bedside. One licensed professional must be a RN whose competency in procedural sedation has been verified. This RN may administer the medication or monitor the patient and must not be involved in performing the procedure. Health care professionals monitoring the patient undergoing procedural sedation must not have other responsibilities that would compromise their ability to adequately monitor the patient before, during, and after the procedure.

6. Resuscitation equipment and supplies must be age appropriate and readily available for the patient undergoing any procedure. At a minimum, equipment should include oxygen and oxygen delivery devices, suction devices and suction source, cardiac and pulse oximetry monitoring devices, defibrillator, oral/nasal airways, intubation equipment, alternative airways, bag-valve mask device, equipment to allow secondary confirmation of endotracheal tube placement, reversal agents and ACLS medications. (ACEP Guidelines for Equipment and Supplies for Use in Pediatric Patients in the ED, 2000; Alaska Board of Nursing Advisory Opinion on Nurse Administration of Sedating and Anesthetic Agents, 2007)

7. Written policies, procedures, clinical guidelines, and protocols for procedural sedation should be in place in the institution. These policies should be age appropriate and should include, but not be limited to:

    - Equipment and supplies
    - Mandatory education and competency validation
    - Risk management
    - Quality monitoring to include patient outcomes
    - Required documentation

Signed by:

Air & Surface Transport Nurses Association

American Academy of Emergency Medicine

American Association of Critical Care Nurses

American College of Emergency Physicians

American Radiological Nurses Association

American Society for Pain Management Nursing

Emergency Nurses Association

National Association of Children's Hospitals and Related Institutions

2/11/08

ADDENDUM

Procedural Sedation Consensus Statement

Definitions

Advanced Practice Registered Nurse (APRN) is an umbrella term given to a RN who has met advanced educational and clinical practice requirements beyond the two to four years of basic nursing education required of all RNs. APRNs include **nurse practitioners, clinical nurse specialists, nurse anesthetists, and nurse midwives**. Nurse practice acts vary widely among states. They define the scope of practice for APRNs within that particular state. (American Nurses Association [ANA] Nursing Facts, www.nursingworld.org)

Certified Registered Nurse Anesthetists are master's prepared advanced practice nurses who provide anesthetics to patients in every practice setting, and for every type of surgery or procedure. (http://www.aana.com)

Credentialing is a term applied to processes used to designate that an individual, program, institution or product have met established standards set by an agent (governmental or non-governmental) recognized as qualified to carry out this task. The standards may be minimal and mandatory or above the minimum and voluntary. Licensure, registration, accreditation, approval, certification, recognition or endorsement may be used to describe different credentialing processes but this terminology is not applied consistently across different settings and countries. Credentials are marks or "stamps" of quality and achievement communicating to employers, payers, and consumers what to expect from a "credentialed" nurse, specialist, course or program of study, institution of higher education, hospital or health service, or healthcare product, technology, or device. Credentials may be periodically renewed as a means of assuring continued quality and they may be withdrawn when standards of competence or behavior are no longer met. (Styles and Affara, 1997, International Council of Nurses Fact Sheet, http://www.icn.ch/matters_credentialing_print.htm)

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. (American Society of Anesthesiologists [ASA] policy statement on Continuum of Depth of Sedation Definition of General Anesthesia and Levels of Sedation/Analgesia, Approved by ASA House of Delegates on October 13, 1999, and amended on October 27, 2004)

Dissociative agents/dissociative sedation is described as a "trancelike cataleptic state characterized by profound analgesia and amnesia, with retention of protective airway reflexes, spontaneous respirations, and cardiopulmonary stability. (American College of Emergency Physicians [ACEP] Clinical Policy for Procedural Sedation and Analgesia in the Emergency Department, ***Annals of Emergency Medicine*** 2005)

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 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. (ASA policy statement on Continuum of Depth of Sedation Definition of General Anesthesia and Levels of Sedation/Analgesia, Approved by ASA House of Delegates on October 13, 1999, and amended on October 27, 2004)

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. (ASA policy statement on Continuum of Depth of Sedation Definition of General Anesthesia and Levels of Sedation/Analgesia, Approved by ASA House of Delegates on October 13, 1999, and amended on October 27, 2004)

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. (ASA policy statement on Continuum of Depth of Sedation Definition of General Anesthesia and Levels of Sedation/Analgesia, Approved by ASA House of Delegates on October 13, 1999, and amended on October 27, 2004)

Presence as used in the statement ***"in the presence of*** a physician, advanced practice registered nurse, or other health care professional describes the location of the health care professional" as being physically present at the patient's bedside or within the confines of the patient's immediate treatment space.

Privilege is an exceptional or extraordinary right, immunity or exemption belonging to a person in virtue of their office or status. ***Clinical privileges*** include, as appropriate to the organization, privileges, membership on the medical staff and other circumstances pertaining to the furnishing of medical care under which a physician, dentist or other licensed health care practitioner is permitted to furnish such care by a health plan or by a federal or state agency that either administers or provides payment for the delivery of health care services. (http://www.oig.hhs.gov/authorities/docs/datacollection.pdf)

Procedural sedation is defined as the technique of administering sedatives or dissociative agents with or without analgesics to induce a state that allows the patient to tolerate unpleasant procedures while maintaining cardiorespiratory function. (ACEP clinical policy for procedural sedation and analgesia in the emergency department – ***Annals of Emergency Medicine 2005***)

Six Quality Aims as defined by the Institute of Medicine are:

- **Safe**: Avoiding injuries to patients from the care that is intended to help them.
- **Effective**: Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit thereby avoiding under use and overuse, respectively.
- **Patient-centered**: Providing care that is respectful of and responsive to individual patients' preferences, needs, and values and ensuring that patient values guide all clinical decisions.
- **Timely**: Reducing waits and sometimes harmful delays for both those who receive and those who give care.
- **Efficient**: Avoiding waste, including waste of equipment, supplies, ideas, and energy.
- **Equitable**: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location and socioeconomic status.
  (***Crossing the Quality Chasm, IOM Report***. National Academies Press, 2001)

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