

SECTION:	<u>General Nursing</u>		
Topic:	<u>Conscious Sedation</u>		
Reviewed:	<u>12/94, 10/95, 3/98, 12/99, 3/02, 12/03, 7/07</u>		
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Standard of Care:	Standard of Practice:		
Approval:	<u>R. Johnson, Chairman P&amp;P Committee</u>	Date:	<u>7/07</u>
Approval:	<u>S. Hanauer, Vice President Patient Care Service</u>	Date:	<u>7/07</u>
Approval:	_____	Date:	_____
Approval:	_____	Date:	_____

**1. PURPOSE**

1.1. To provide guidelines to outline nursing responsibilities for the management of the patient before, during, and after receiving IV conscious sedation.

**2. POLICY**

2.1 Conscious sedation is defined as a medically controlled state of depressed consciousness that (1) allows protective reflexes and cardiovascular function to be maintained; (2) retains the patient’s ability to maintain a patent airway independently and continuously; and (3) permits appropriate response by the patient to tactile stimulation or verbal command. (Arizona State Board Advisory Opinion 2003).

2.2 The registered nurse administering the medication and / or monitoring the patient receiving the medication shall have successfully completed an instructional program and supervised clinical practice, and shall have documented evidence of course completion in Advance Cardiac Life support, Pediatric Advanced Life Support, Neonatal Resuscitation Program or a substantially equivalent educational program.

2.3 The licensed provider responsible for the treatment of the patient and /or prescription of drugs for sedation must be present in the department from the time the medication is initiated through the completion of the procedure, and must be readily available in the facility to assume care of the patient during the post-procedure period.

2.3.1 For patient’s receiving sedation for outpatient procedures, only anxiolysis can be ordered unless the patient will be managed by a physician on premises.

2.4 Conscious sedation will be given in the following designated monitored patient care areas only:

- 2.4.1 Cardiac Catheterization Laboratory (Cath Lab)
  - 2.4.2 Cardiovascular Intensive Care Unit (CVICU)
  - 2.4.3 Emergency Department (ED)
  - 2.4.4 Endoscopy (ENDO)
  - 2.4.5 Inpatient Surgery (IPS)
  - 2.4.6 Intensive Care Unit (ICU)
  - 2.4.7 Outpatient Surgery (OPS)
  - 2.4.8 Post Coronary Care Unit (PCCU)
  - 2.4.9 5 W Telemetry
  - 2.4.10 Diagnostic Imaging/ECHO Lab
  - 2.4.11 Progressive Telemetry Unit (PTU / 6 East)
  - 2.4.12 PACU
- 2.5 Conscious sedation may be given on non-monitored floors as long as the registered nurse meets qualifications and the same monitoring and emergency equipment is available.
- 2.6 Each patient receiving conscious sedation will be assessed physiologically and psychologically pre-procedure, intra-procedure and post-procedure.
- 2.7 Each patient receiving conscious sedation will be continuously monitored by direct observation and/or indirect physiologic measurement.
- 2.7.1 All electronic monitors shall have alarms left in “on” position.
  - 2.7.2 The RN’s primary responsibility when drug is administered will be monitoring the patient.
  - 2.7.3 Monitoring of the patient’s electrocardiogram, oxygenation, blood pressure, and ventilation are maintained throughout the procedure and recovery.
- 2.8 Dose and frequency of medication used in conscious sedation must be ordered by the physician.
- 2.9 Intravenous access will be maintained throughout the duration of conscious sedation and through the recovery period.
- 2.10 Emergency resuscitative equipment (Code Cart) will be immediately available to staff who are monitoring patients receiving conscious sedation.
- 2.11 Patients receiving conscious sedation will be monitored for no less than 30 minutes after receiving the last dose.
- 2.11.1 Patients that have received a reversal agent will be monitored through the duration of action of the reversal agent to determine if sedation reoccurs.
- 2.12 Patients will not be transferred to an unmonitored bed until return of pre-procedure LOC and vital signs.

- 2.13 Outpatients discharged to home will meet established discharge criteria.
  - 2.13.1 Discharge criteria will reflect that the patient has returned to a safe physiological level (or to the same pre-procedural level). These may include but are not limited to:
    - 2.13.1.1 vital signs
    - 2.13.1.2 level of consciousness
    - 2.13.1.3 airway patency/intact protective reflexes

### 3. PROCEDURE

- 3.1 Obtain physician order for conscious sedation medication.
- 3.2 Pre-procedure assessment will include but is not limited to:
  - 3.2.1 Physical assessment
  - 3.2.2 Current medications
  - 3.2.3 Drug allergies/sensitivities
  - 3.2.4 Concurrent medical problems
  - 3.2.5 Chief complaint
  - 3.2.6 Baseline vital signs, including height, weight, and age
  - 3.2.7 Level of consciousness
  - 3.2.8 History of previous sedation problems
- 3.3 Monitoring practitioner will assess and document in the patient record the following:
  - 3.3.1 Dosage, route, time, and effects of all drugs or agents used. (See attached.)
  - 3.3.2 Type and amount of fluids administered.
  - 3.3.3 Monitoring devices or equipment used.
  - 3.3.4 Physiologic data to include: B/P, pulse, respiratory rate and pulse oximetry from continuous monitoring and will be documented no less frequently than 15 minute intervals.
  - 3.3.5 Level of responsiveness.
  - 3.3.6 Any interventions and the patient's response.
  - 3.3.7 Any untoward or significant patient reaction.
- 3.4 The practitioner managing patient care will transfer the patient to an appropriate unit post-procedure based on assessment.
  - 3.4.1 Patients who have returned to safe or pre-procedure LOC and vital signs may be discharged to an unmonitored bed.
  - 3.4.2 Patients who do not return to safe or pre-procedure LOC and vital signs will be held for further monitoring and assessment or transferred to another monitored unit.

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- 3.5 Written discharge instructions will be given to patients and/or their families/significant others.
  - 3.5.1 Patients receiving conscious sedation will be discharged to the care of an adult.
  - 3.5.2 Document above instructions.
- 3.6 Provide discharge instruction to patient / family / Significant other.

Reference: Arizona State Board of Nursing Advisory Opinion  
Conscience Sedation for Diagnostic and Therapeutic, Revised 6/03  
Critical Care Nursing Diagnosis and Management, 3<sup>rd</sup> Edition 1998