

MANUAL:	PATIENT CARE STANDARDS		
Subject:	MANAGEMENT OF PATIENT RECEIVING CONSCIOUS SEDATION		
Reviewed:	10/01, 9/03, 12/04, 1/05, 8/06		
Last Revision:	January 2005, July 2006		
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**1. PURPOSE**

1.1. To establish guidelines for the safe administration of conscious sedation by non-anesthesiologists during diagnostic and therapeutic procedures.

**2. POLICY**

2.1.1. Conscious sedation is defined as 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. The patient's spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

2.1.2. Conscious sedation will be given under the following circumstances:

2.1.2.1. Each patient receiving conscious sedation will be assessed pre-procedure, intra-procedure, and post-procedure.

2.1.2.2. Each patient receiving conscious sedation will be continuously monitored by direct observation and indirect physiologic measurement.

2.1.2.2.1. Monitors shall have alarms left in the "on" position.

2.1.2.2.2. The ACLS RN's primary responsibility when drugs are administered will be monitoring the patient.

2.1.2.3. Medications used during conscious sedation will be administered only with a licensed physician readily available.

2.1.2.3.1. Conscious sedation may be administered by any ACLS RN

2.1.2.4. Dose and frequency of medications used during conscious sedation must be ordered by the physician.

2.1.2.5. Intravenous access will be maintained throughout the duration of conscious sedation.

2.1.2.6. Emergency resuscitative equipment (Code Cart) will be immediately available to staff who are monitoring patients receiving conscious sedation.

### 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. Medical, surgical and anesthesia history

3.2.2. Drug allergies/sensitivities and medication history

3.2.3. NPO status (it is recommended that for elective procedures patients be NPO to solids and non-clear liquids for greater than 8 hours, clear liquids for greater than 2 hours). Patients may take medications if directed to do so by the physician.

3.2.4. Appropriate physical exam, including age, height, weight, baseline vital signs, and level of consciousness (LOC).

3.3. Obtain informed consent for conscious sedation and procedural consent

3.4. Monitoring practitioner will assess and document in the patient record the following:

3.4.1. Dosage, route, time, and effects of all drugs or agents used.

3.4.2. Type and amount of fluids administered.

- 3.4.3. Monitoring devices or equipment used.
- 3.4.4. Physiologic data to include: B/P, pulse, respiratory rate and pulse oximetry from continuous monitoring. Vital signs should be recorded:
  - 3.4.4.1. Prior to the patient receiving any sedative medications
  - 3.4.4.2. Every five minutes for fifteen minutes after the administration of a sedative medication
  - 3.4.4.3. At fifteen minute intervals or more frequently if the patient becomes unstable
  - 3.4.4.4. At the conclusion of the procedure
- 3.4.5. Level of responsiveness.
- 3.4.6. Any interventions and the patient's response.
- 3.4.7. Any untoward or significant patient reaction.

The Ramsay Sedation Scale is the measure of sedation most commonly applied in the hospital setting. This scale ranges from 1 (awake, anxious, agitated and restless) to 6 (asleep and not responsive). Below is a modified Ramsay Scale to be utilized in determining the level of sedation.

Sedation Level	Description
1	Awake, anxious, agitated or restless
2	Cooperative, tranquil, orientated
3	Responds to verbal commands
4	Asleep with brisk response to light stimuli
5	Asleep without response to light stimuli
6	No response, non-responsive to voice or physical stimulation

- 3.5. Patients receiving conscious sedation will be monitored for no less than 30 minutes after receiving the last dose of medication. The patient's vital signs, responsiveness, and medications administered should be documented by the RN at 15 minute intervals during the recovery period.
  - 3.5.1. Patients who have returned to a safe or pre-procedure LOC and have stable vital signs (ie. within 20% of the patient's pre-sedation values) may be discharged after 30 minutes to an unmonitored bed.
  - 3.5.2. Patients who do not return to a safe or pre-procedure LOC or have unstable vital signs will be held for further monitoring and assessment or transferred to another monitored unit.
- 3.6. Written discharge instructions will be given to patients and/or their families/significant others.
  - 3.6.1. Patients receiving conscious sedation will be discharged to the care of an adult.
  - 3.6.2. Discharge instructions must be documented.