

May 1, 2006

MODERATE SEDATION BY NON-ANESTHESIA PROVIDERS

1. PURPOSE: This Veterans Health Administration (VHA) Directive addresses the provision of moderate sedation by providers other than Anesthesiologist and Nurse Anesthetist. Those individuals ordering, administering, and supervising moderate sedation in support of patient care must be qualified and have appropriate credentials. Moderate sedation is the current term for what has been previously called conscious sedation or twilight sleep.

2. BACKGROUND:

a. Moderate sedation is done routinely in VHA to increase the comfort of patients undergoing procedures and diagnostic treatments, typically in a non-operating room setting. With moderate sedation a patient's pain and anxiety can be minimized. Return of the patient to an alert state where safe discharge can be done is normally faster with moderate sedation than would occur with deeper forms of sedation.

b. Definitions

(1) **Minimal Sedation (anxiolysis).** Minimal sedation 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.

(2) **Moderate Sedation or Analgesia ("conscious sedation").** "Conscious sedation" is a drug-induced depression of consciousness during which patients respond purposefully to verbal commands *NOTE: Reflex withdrawal from a painful stimulus is not considered a purposeful response, either alone or accompanied by light tactile stimulation.* No interventions are required to maintain a patient airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

(3) **Deep Sedation or Analgesia.** Deep sedation is a drug-induced depression of consciousness during which patients cannot be easily aroused, but respond purposefully after 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.

3. POLICY: It is VHA policy that individuals ordering, administering, and/or supervising moderate sedation in support of patient care must be qualified and have appropriate credentials.

4. ACTION:

a. **Veterans Integrated Service Network (VISN) Directors.** VISN Directors are responsible for ensuring that all facilities in the VISN have a written local policy in place

THIS VHA DIRECTIVE EXPIRES MAY 31, 2011

regarding moderate sedation. **NOTE:** *An example of facility-level policy can be found at the website for the National Anesthesia Service at: <http://www.anesthesia.med.va.gov/anesthesia>*

b. **Facility Directors.** Facility Directors are responsible for ensuring that written local policy for moderate sedation is in place that:

(1) Incorporates the requirements of this Directive. The moderate sedation policy can be incorporated into an overall facility sedation and anesthesia care policy. The decision to use moderate sedation and the selection of drugs to be used must be restricted to appropriately-privileged providers. **NOTE:** *This policy does not apply to: minimal sedation or anxiolysis, during which there is no significant likelihood of loss of the airway; and procedures carried out in intubated patients in the Intensive Care Unit (ICU) who are already being continuously monitored.*

(2) Contains the following:

(a) A requirement that staff privileged to provide moderate sedation must be involved in planning for and providing moderate sedation care to the patient. The patient chart needs to include an appropriate history and a physical done, or updated, within 30 days of the procedure. All assessments of patients undergoing moderate sedation must be signed by a licensed independent practitioner (LIP) prior to sedation. A pre-sedation assessment must be performed (which may include the relevant history and physical). The combination of the history and physical along with the pre-sedation assessment must, at a minimum, include:

1. A review of abnormalities of the major organ systems and assessment of the airway;
2. History of any previous adverse experience with sedation or analgesia as well as regional and general anesthesia;
3. A review of drug allergies and current medications;
4. A review of tobacco, alcohol or substance use or abuse;
5. Time and nature of last oral intake; and
6. An assessment of risk such as the American Society of Anesthesiologists Physical Status.

(b) A requirement that the patient is re-evaluated for any change(s) since the prior assessment immediately before moderate sedation and that pre-sedation vital signs are documented.

(c) A requirement that sufficient numbers of qualified staff (in addition to the individual performing the procedure) are present to evaluate the patient, help with the procedure, provide

the sedation, monitor, and recover the patient. **NOTE:** *The person performing the procedure cannot be the primary individual monitoring the patient.*

(d) A requirement that, at a minimum, individuals administering, monitoring, and/or supervising moderate sedation have had competency-based education, training, and experience in the following:

1. Evaluating patients before performing moderate sedation.
2. Performing moderate sedation, including rescuing patients who slip into deep sedation.
3. Knowing the pharmacokinetics of the drugs typically used for moderate sedation, as well as the potential effects of the drugs on vital functions.
4. Training in cardiopulmonary resuscitation (CPR), airway management, and management of cardiac arrhythmias.
 - a. This requirement may be satisfied by successful completion of Advanced Cardiac Life Support (ACLS) training or equivalent training. Periodic re-training or renewal of this training must be obtained as recommended by the American Heart Association or other training entity.
 - b. New VA providers that administer, monitor, or supervise moderate sedation or perform procedures that require moderate sedation must have had, or must complete, this training within 90 days of employment with VA. As of September 30, 2006, current VA providers that administer, monitor, or supervise moderate sedation, or perform procedures that require moderate sedation, must complete this training by the time of reappraisal for privileging.
 - c. A requirement that the education, training, and competency to provide moderate sedation must be documented and reflected in the individual's privileges or scope of practice. Further, as part of a clinician's re-privileging, or an updating of the clinician's scope of practice, the clinician must show evidence of understanding of current CPR standards and techniques.
 - d. A statement that for the purposes of moderate sedation, drugs that are anesthetic agents (e.g., propofol, thiopental, methohexital, ketamine, etomidate, etc.) must be administered by an anesthesiologist, nurse anesthetist, or a LIP with the training and ability to rescue a patient from general anesthesia.
 - e. A requirement that appropriate equipment for care and resuscitation is available in the immediate area. This must include appropriate equipment to administer intravenous fluids and drugs, including blood and blood components, as needed.
 - f. A requirement that appropriate monitoring of vital signs is done throughout the procedure.

(1) Appropriate monitoring includes, but is not limited to: heart rates and oxygenation using pulse oximetry equipment; respiratory frequency and adequacy of pulmonary ventilation; the monitoring of blood pressure at regular intervals; and for patients with significant cardiovascular disease or when dysrhythmias are anticipated or detected, cardiac monitoring by electrocardiogram (EKG) or use of a continuous cardiac monitoring device.

(2) Vital signs must be documented at 5-minute intervals during the procedure. Exceptions to this requirement and the reason for such exceptions, must be documented.

g. A requirement that the patient's status is assessed immediately after the procedure, including monitoring physiological status, mental status, and pain level. Monitoring, including during transport to the recovery area, must be at a level consistent with the status of the patient and the potential effect of the procedure or sedation.

h. A requirement that the patient is discharged from the recovery area by a qualified LIP or is discharged according to rigorously applied criteria approved by clinical leaders. The use of approved discharge criteria to determine the patient's readiness for discharge must be documented in the medical record.

i. A requirement that the moderate sedation outpatient is discharged in the company of a responsible, designated adult, or is discharged to lodging within the facility, or is not discharged and remains as an inpatient.

j. A requirement that the use of moderate sedation is documented in the patient's medical record.

k. A requirement that outcomes are monitored, including reporting and trending the use of reversal agents.

(1) The outcomes must be systematically aggregated and analyzed to enhance patient safety and performance.

(2) Moderate sedation adverse events must be reported, reviewed, trended, and analyzed in conjunction with operating room anesthesia adverse events. **NOTE:** *This data is to be used to improve performance.*

(3) Health care providers need to document any suspected adverse drug event (ADE) and inform the pharmacist according to local policy.

c. **National Director of Anesthesia.** The National Director of Anesthesia is responsible for working with Employee Education System (EES) to develop a uniform training module for moderate sedation, which will be made available to local facilities. **NOTE:** *It is expected that this training module will be completed and available by no later than July 2006.*

5. REFERENCES

a. Joint Commission on Accreditation of Healthcare Organizations. Comprehensive Accreditation Manual for Hospitals: The Official Handbook. September 2005.

b. American Society of Anesthesiologists. Credentialing Guidelines for Practitioners who are not Anesthesia Professionals to Administer Anesthetic Drugs to Establish a Level of Moderate Sedation. October 2005.

6. FOLLOW UP RESPONSIBILITIES: The Office of Patient Care Services (11) is responsible for the contents of this Directive. Questions may be addressed to the Office of the National Director for Anesthesia at (206) 764-2574.

7. RESCISSION: None. This VHA Directive expires May 31, 2011.

Jonathan B. Perlin, MD, PhD, MSHA, FACP
Under Secretary for Health

DISTRIBUTION: CO: E-mailed 5/3/06
FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed 5/3/06