

December 20, 2022

DEEP SEDATION

1. PURPOSE

Veterans Health Administration (VHA) Directive 1073, Moderate Sedation by Non-Anesthesia Providers, dated December 20, 2022, restricts the use of specific medications to providers with significant training in the administration and monitoring of medications defined as anesthetic agents. This notice provides requirements for development of a Department of Veterans Affairs (VA) medical facility standard operating procedure (SOP) for when the administration of anesthetic agents by non-anesthesia providers is deemed necessary. This addresses the provision of a deeper plane of sedation than that required for moderate sedation. This notice will apply to individuals involved in the administration of deep sedation as well as the roles and responsibilities of additional personnel participating in the care of the sedated patient.

2. APPLICABILITY

a. This notice applies only to the care of patients undergoing deep sedation. Deep sedation 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 a patient's spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

b. This notice does not authorize a non-anesthesia provider to intentionally administer general anesthesia to non-intubated patients. Intentional administration of general anesthesia must be done only by anesthesia providers except for the purpose of immediately securing the airway (e.g., endotracheal intubation). Nor does this notice apply to sedation conducted for procedures emergently indicated to appropriately manage immediately life-, limb- or sight-threatening conditions.

3. ANESTHETIC AGENTS

Anesthetic agents used for purposes of sedation (medications that produce a drug-induced loss of perception) that are categorized as sedative-hypnotics (e.g., propofol, methohexital, ketamine and etomidate) due to their narrow therapeutic index and lack of reversal agents, must be administered by an anesthesia provider (anesthesiologist or Certified Registered Nurse Anesthetist (CRNA)) or Licensed Independent Practitioner (LIP) with the training and ability to rescue a patient from general anesthesia, or as specifically addressed in paragraph 5.a. below, regardless of the dose. If the individual is a non-anesthesia LIP, they must be privileged as outlined below in paragraph 4 according to their VA medical facility privileging requirements. The administration of anesthetic agents is the responsibility of the deep sedation provider and is not

delegable to any other individual who does not hold this privilege except in paragraph 5.a.(3) below.

4. VA MEDICAL FACILITY PRIVILEGES

Each VA medical facility Director granting privileges for deep sedation must ensure the following requirements are met when privileging a non-anesthesia LIP for deep sedation or reappraising the non-anesthesia provider for re-privileging in deep sedation:

a. The individual must have met all requirements for moderate sedation privileging at the VA medical facility before being considered eligible for supervising deep sedation privileges.

b. Eligible individuals include physicians who have graduated from an accredited Accreditation Council for Graduate Medical Education (ACGME) residency or fellowship program or an accredited American Osteopathic Association (AOA) residency or fellowship program, or dentists who have graduated from a Commission on Dental Accreditation (CODA) accredited residency or fellowship program.

c. A residency or fellowship program that meets criteria for consideration for the delivery of deep sedation must include extended clinical training in anesthesia and sedation, including both hands-on deep sedation training and skill with rescuing patients who have transitioned from deep sedation to general anesthesia. Equivalent general anesthesia residency training is also acceptable. Acceptable examples include emergency medicine residency training or pulmonary/critical care residency training.

d. The residency or fellowship training must have been completed within 2 years of the initial privileging action. Individuals may be exempted from this 2-year limitation requirement if the individual holds current board certification in emergency medicine (or other specialty in which deep sedation is a core competency) or if evidence of regular activity in successful deep sedation practice is presented to and approved by the VA medical facility professional standards board (PSB), credentialing committee or equivalent.

e. Individuals seeking deep sedation privileges must demonstrate or possess:

(1) Out of Operating Room Airway Management (OOORAM) level 3 airway management privileges as described in VHA Directive 1157(1), Out of Operating Room Airway Management, dated June 14, 2018.

(2) Completion and maintenance of current Advanced Cardiac Life Support (ACLS) certification or equivalent, as defined in VHA Directive 1177, Cardiopulmonary Resuscitation, dated January 4, 2021. **NOTE:** *This notice does not create a new requirement for VA medical facilities that have exempted Board-Certified Emergency Medicine physicians from ACLS/BLS certification requirements.*

(3) The ability to employ and interpret continuous capnography.

(4) For Focused Professional Practice Evaluation, the individual must demonstrate proficiency in the conduct of deep sedation as evidenced by successful performance of procedures as determined by the VA medical facility PSB or equivalent. Alternatively, documentation of a period of successful proctorship may be accepted.

(5) For Ongoing Professional Practice Evaluation, the individual must successfully complete a minimum period of monitored performance, complete a dedicated deep sedation simulation activity or combination of both to complete the requirements specific to deep sedation skills competency as defined by the VA medical facility.

5. ADDITIONAL REQUIREMENTS

Deep sedation will follow all requirements for moderate sedation as stipulated in VHA Directive 1073 with additional requirements below:

a. The deep sedation provider must be an OORAM level 3 provider with the following exceptions:

(1) In the circumstance where the proceduralist is also a level 3 OORAM provider, provided they document and can assure their ability to rapidly disengage from a brief procedure to manage the airway if deemed necessary, a level 1 OORAM trained individual may monitor, document and care for a patient during the procedure in accordance with scope of practice or privileging. A level 2 OORAM trained individual or higher is preferred. Individuals eligible for supervisory oversight regarding the monitoring, medication administration and management of a patient sedated with anesthetic agents must conform to VA medical facility requirements in addition to individual State licensure or Federal regulation requirements. The management of medications during the procedure must be in accordance with scope of practice or privileging and individual State of licensure or Federal regulation.

(2) If the procedure is of sustained duration or will not allow rapid disengagement of the level 3 OORAM trained proceduralist to manage the airway, a level 2 OORAM trained individual or higher is required to be immediately available to attend the patient's airway. A level 3 OORAM trained individual dedicated to monitoring the patient and airway management is preferred.

(3) A Registered Nurse (RN) or an Advanced Registered Nurse Practitioner (APRN) with the appropriate training and competencies may administer agents for deep sedation under the direction of an OORAM level 3 provider who is immediately at the patient's bedside in a position to rapidly respond to any issues arising from the administration of sedating medications. In all circumstances, the administration of such anesthetic agents must conform to VA medical facility requirements in addition to individual State licensure or Federal regulation requirements.

b. All participants involved in the care of the patient, their specific role and level of OORAM competence, in addition to the OORAM level 3 proceduralist, must be clearly identified in the electronic health record (EHR). Trainees involved in the

administration and management of deep sedation must conform to the requirements in this notice in addition to individual State licensure or Federal regulation requirements.

c. All patients undergoing deep sedation must be monitored with continuous capnography, and end-tidal CO₂ must be documented every 5 minutes during the sedation. Documentation of medications and physiologic parameters will otherwise be done according to moderate sedation requirements.

d. All non-anesthesia non-LIP staff participating in deep sedation must complete initial and ongoing training for moderate sedation and capnography and demonstrate competency.

e. Patients should be recovered in accordance with the VA Post Anesthesia Score (VA-PAS) phase 1 criteria according to American Society of Peri Anesthesia Nurses (ASPAN) standards.

6. STANDARD OPERATING PROCEDURES

VA medical facilities that intend to provide deep sedation by non-anesthesia providers (e.g., VA medical facilities with Emergency Departments) must develop their deep sedation SOP within 90 days of the publication of this notice.

7. All inquiries concerning this action should be addressed to the National Anesthesia Program in the Specialty Care Program Office at VHANAS@med.va.gov.

8. This VHA notice will expire and be archived on December 31, 2023.

**BY DIRECTION OF THE OFFICE OF THE
UNDER SECRETARY FOR HEALTH:**

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