

AHS  
PROCEDURAL SEDATION

POLICY AND PROCEDURE  
JUNE 7 2014

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TIME LINE OF THE PROCESS

- 2009: PROCESS IS BEGUN; SEAN CHILTON AND DR FRED MENSINK AS THE LEADS
- 2010: DR MENSINK STEPS DOWN AND DR RICHARD BERGSTROM ASSUMES ROLE
- 2011 FEB: DR BERGSTROM STEPS DOWN AND DR MIKE MURPHY ASSUMES ROLE; SEAN CHILTON LEAVES AHS
- FIRST DRAFT COMPLETED
- 2011 OCT: TERMS OF REFERENCE REVISED AND DEB GORDON ASSUMES LEADERSHIP ROLE
- 2011 SEPT: FIRST DRAFT CIRCULATED TO STAKEHOLDERS
- 2012 SEPT: REVISED DRAFT CIRCULATED TO STAKEHOLDERS FOR ROUND 2
- 2012 DEC: SECOND DRAFT
- 2013 FEB: THIRD DRAFT
- 2013 MAR: SIGNED BY AHS EXEC
- 2014 JAN-APR FACE TO FACE MEETINGS
- 2014 APRIL: FINAL DRAFT
- 2014 JUNE: ROLLOUT OF POLICY AND PROCEDURE

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PRINCIPLES

- ASSURE SAFETY
- EVIDENCE BASED AND CONSISTENT WITH NATIONAL AND INTERNATIONAL GUIDELINES
  - 13 INCLUDING ANES, EM, GI, RADIOL, OMF
  - 16 ADDITIONAL KEY PUBLICATIONS
- ATTEMPT TO BE CONGRUENT WITH EXISTING PRACTICES
- BE COGNIZANT OF COSTS GENERATED BY THE RECOMMENDATIONS

THE TERM 'CONSCIOUS SEDATION' IS NO LONGER USED

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**PREAMBLE**

- PROCEDURAL SEDATION ENHANCES
  - PATIENT EXPERIENCE
  - PROCEDURAL SUCCESS
  - PROCEDURALIST SATISFACTION
- COMPLICATIONS DO OCCUR DURING SEDATION:
  - HYPOXIA
  - HYPOVENTILATION
  - HYPOTENSION
  - CARDIAC ARREST
  - DEATH

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**CODE TEAM ACCESS**

**ENDOSCOPY**  
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**LAWSUITS IN SEDATION**

- Nature of the Injury:
  - 28 Deaths (34%)
  - 16 Brain damaged (19%)
  - 10 Eye damage (12%)
  - 3 Emotional distress or fright! (4%)
- Damaging Event:
  - 22 Respiratory (26%)
  - 7 Wrong dose of drug (7%)
  - 8 Cardiovascular event (10%)

SEDATION CREEP

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### TWO DOCUMENTS

- POLICY
  - CONSENT
  - COMPETENCY TO ADMINISTER
  - ORDERING
  - PATIENT ASSESSMENT
  - MONITORING
    - PROVIDER NUMBERS AND DOCUMENTATION FREQUENCY
  - RECOVERY, DISCHARGE, TRANSFER
- PROCEDURE
  - MORE DETAIL REGARDING THE ABOVE

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### KEY COMPONENTS

- SEDATION **EDUCATION** IS RECOMMENDED BY MOST ORGANIZATIONS
- ACLS IS UN-NECESSARY IN FACILITIES WHERE CODE TEAMS EXIST
- BAG MASK VENTILATION AND EXTRAGLOTTIC DEVICE VENTILATION SKILLS ARE RECOMMENDED
- REVERSAL AGENTS CAN KILL

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### CLARIFYING STATEMENTS

- DOES NOT:
  - APPLY TO ANESTHESIOLOGISTS IN OR
  - PATIENTS < 15 YEARS OF AGE (<18 STOLLERY/ACH)
  - ANXIOLYSIS
  - PALLIATIVE CARE SETTINGS
  - PATIENTS ON CONTINUOUS SEDATION IN ICU
- SEDATION SCALES USED:
  - ASA/JCAHO CONTINUUM OF SEDATION
  - RAMSEY SEDATION SCALE
- 'TITRATION TO TARGETTED LEVEL OF SEDATION'
- CONCEPTS OF 'SEDATION CREEP' AND 'OVERSHOOT'

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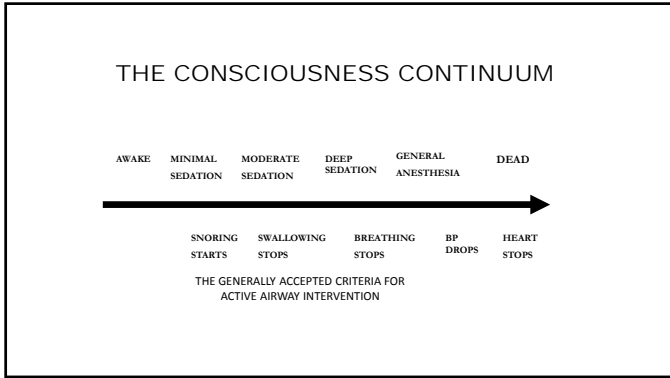
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### The Drugs

- SEDATIVE HYPNOTICS
  - Jack Daniels
  - Midazolam (Versed)
  - Propofol
- DISSOCIATIVE AGENTS
  - Ketamine
- OPIOIDS
  - Naturals (morphine, codeine)
  - Semisynthetics (diacetylmorphine, dilaudid, oxycodone, hydrocodone)
  - Synthetics (meperidine, fentanyl, pentazocine, nalbuphine)

THE ISSUE OF TITRATABILITY

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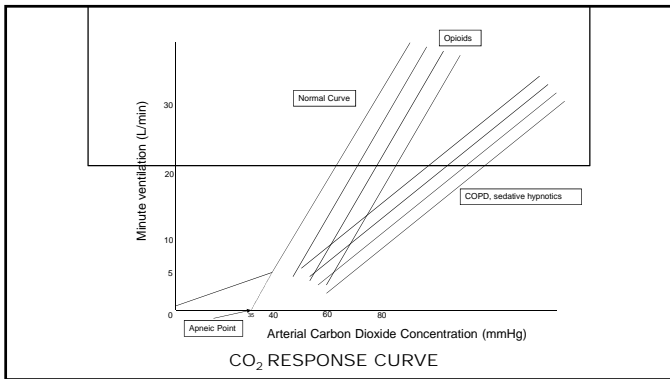
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**THE RULES FOR MONITORING AND ADMINISTRATION**

- DEDICATED vs DESIGNATED SEDATIONIST
  - LIGHT AND MODERATE
  - DEEP
- CORE MONITORS:
  - Continuous HR, BP, SpO<sub>2</sub>
  - ETCO<sub>2</sub>

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**Administration**

- Establish Analgesia first
- Titrate to Endpoint
  - Know the point beyond which you ought not go
  - Move there gradually employing titratable drugs

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**Recovery**

- Snoring
- Oxygen and Carbon Dioxide
- Emergence
- Positioning:
  - Seated
  - Left lateral decubitus
  - Tonsil
- Driving Prohibition

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## TUTORIALS

- ON LINE
- SEDATION
  - DEFINITIONS AND NOMENCLATURE
  - SEDATIVE HYPNOTICS AND OPIOIDS
  - MONITORING
  - MEDICATION ADMINISTRATION
- AIRWAY MANAGEMENT
  - DIFFICULT AIRWAY IDENTIFICATION
  - BAG MASK VENTILATION
  - EGD USE

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## FIN

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