## Procedural Sedation - Quick Guide

### Moderate Sedation

- Patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation
- No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate

### Deep Sedation

- Patients cannot be easily aroused but can respond purposefully following repeated or painful stimulation
- Ability to independently maintain respiratory function may be impaired
- Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate

### Pre-Procedure

<table>
<thead>
<tr>
<th>LIP or Qualified PA-C:</th>
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<tr>
<td>- Update the Medical History and Physical Exam</td>
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<tr>
<td>- The patient’s suitability for sedation prior to any medication administration, including a minimum of:</td>
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<tr>
<td>- Targeted sedation level</td>
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<td>- ASA status</td>
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<td>- Sleep apnea history</td>
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<tr>
<td>- History of anesthesia difficulty/malignant hyperthermia</td>
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<td>- Airway evaluation</td>
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<td>- Discuss plan, risks, alternatives and benefits of sedation and the procedure with the patient/patient’s legal representative as part of the informed consent</td>
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<td>- Consider Anesthesia involvement in the procedure for patients with:</td>
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<td>- A BMI of 35 or greater</td>
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<td>- An ASA score of 4 or greater (adult) or 3 or greater (pediatrics)</td>
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<td>- Concern for respiratory compromise during procedural sedation</td>
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<td>- Mark side/site of procedure</td>
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<th>Registered Nurse:</th>
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<td>- Provide patient/family education</td>
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<tr>
<td>- Verify consent form is present and complete, the H&amp;P is updated and pre-sedation assessment is complete</td>
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<tr>
<td>- <strong>Outpatients:</strong> Document the responsible escort for the patient</td>
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<td>- Ensure age-appropriate safety equipment is available</td>
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### ASSESS AND DOCUMENT in the EMR prior to procedure initiation:

- Temperature, for routine procedures
- Heart rate
- Respiratory rate
- Blood pressure
- End tidal CO2 for deep sedation procedures
- Oxygen saturation
- Height and weight
- Patient’s baseline pain level (age and developmentally appropriate scale)
- Baseline Ramsay Score
- Baseline Aldrete score

### All members of the team are in the room, prior to sedation medication administration, and complete the Safety Pause:

- Document the SAFETY PAUSE, including:
  - The correct patient using two patient identifiers and the type of procedure to be performed. See Verification of Correct Patient, Procedure, and Site/Side.
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<tr>
<th><strong>Intra-Procedure</strong></th>
<th><strong>Post-Procedure</strong></th>
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| - The correct procedure site/side is identified  
- The site/side is marked by the proceduralist  
- The written consent matches the planned procedure or treatment  
- The patient’s allergies  
- The administration of pre-procedure antibiotics, if ordered  
- If applicable,  
  - All pertinent pre-procedure lab and/or radiology results are available  
  - Implants needed for the procedure have been matched and are available  
  - Irrigation fluids need for the procedure are available  
- Medications have been labeled  
- All appropriate safety precautions have been reviewed  
- The patient’s pre-sedation assessment has been communicated to the team  

- Administer medications for the purpose of sedation as ordered  
- Assess patient and document the following every 5 minutes:  
  - Respiratory rate  
  - Blood pressure  
  - End tidal CO2 (for deep sedation procedures)  
  - Oxygen saturation  
  - Heart rate  
  - Level of consciousness using Ramsay Score or Aldrete Score (if applicable)  
  - Pain level (if applicable - see NOTE below)  
  - Any abnormal baseline parameters  

**NOTE:** For procedural sedation with the Pediatric Procedural Sedation Team, the level of sedation and analgesia is continuously being assessed and monitored by the LIP and medications are adjusted based on those assessments. 
- Report any adverse reactions, complications, or side effects to LIP  

- Document the completion of the procedure  
- Assess the patient and document the following every 5 minutes until the Aldrete score has returned to 8 or greater (or back to pre-procedure baseline):  
  - Heart rate  
  - Respiratory Rate  
  - Blood Pressure  
  - Oxygen Saturation  
  - End Tidal CO2 (for deep sedation procedures)  
  - Pain Level  
  - Level of consciousness using Aldrete Score  
  - Any abnormal baseline parameters  

- Once the Aldrete score has returned to 8 or greater (or is back to pre-procedure baseline, reassess the patient in 10-30 minutes documenting all of the above parameters in the EMR. If the patient’s vital signs and Aldrete score have remained appropriate then the patient can be monitored per unit standard until discharge or transfer.  

**Discharge**  
- Discharge criteria for outpatient (MUST be documented in the EMR):  
  - Vital signs are stable (or return to baseline) for a minimum of 15 minutes after Aldrete score is 8 or greater  
  - Minimal to no nausea  
  - No need for parenteral medications  
  - Pain adequately controlled  
  - A minimum of two hours has elapsed after the last administration of reversal agents (naloxone, flumazenil) to ensure that patients do not become re-sedated after reversal effects have worn off
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| Policy/Procedure | • For units utilizing modified Aldrete scoring for outpatient discharge, confirm and document in the EMR:  
| | o Modified Aldrete of 15/20 or greater  
| | o Vital signs are stable (or return to baseline) for a minimum of 15 minutes after Aldrete score is 8 or greater or back to pre-procedure baseline  
| | o Minimal to no nausea.  
| | o No need for parenteral medications.  
| | o Pain adequately controlled.  
| | o A minimum of two hours has elapsed after the last administration of reversal agents (naloxone, flumazenil) to ensure that the patient does not experience continued sedative effects after the reversal agents have worn off.  
| | • Inpatient release criteria (MUST be documented in the EMR):  
| | o Vital signs are stable (or return to baseline) for a minimum of 15 minutes after Aldrete score is 8 or greater  
| | o Verbal report has been provided  
| | o A minimum of one hour has elapsed after the last administration of reversal agents (naloxone, flumazenil) to ensure the patient does not experience continued sedative effects after the reversal agents have worn off.  
| | • Refer to the following policy/procedures for complete Swedish Medical Center Procedural Sedation standards:  
| | o [Procedural Sedation: Pediatric and Neonatal](#)  
| | o [Procedural Sedation: Adult](#) |