



INODAYA Hospitals - Kakinada

Documentation code:

INH/COP .Doc.No.26

Policy on Undergoing Moderate Sedation

Prepared Date: 05/09/2023

Reference: COP.12.NABH Standards – 5th Edition

Issue date: 05/09/2023

Issue no:2

Review NO:01

Review Date: 04/09/2024

1.0 POLICY:

The policy is framed to ensure safety of the patients undergoing moderate sedation.

2.0 PURPOSE:

This policy provides guidelines for personnel who administer sedation or anaesthesia to patients undergoing surgical or diagnostic procedures. This policy includes the post anaesthesia procedures, clarifies requirements for informed consent, and updates references and titles.

3.0 DEFINITION:

Moderate Sedation/ Analgesia: 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, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

4.0 SCOPE:

Surgical Procedures & Invasive Diagnostic Procedures

5.0 RESPONSIBILITY:

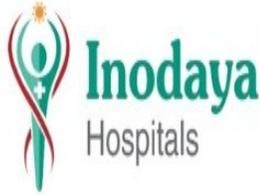
Anesthesiologists & Nursing In-Charges

6.0 DISTRIBUTION:

Hospital Wide

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7.0 PROCESS DETAILS:

7.1 DESCRIPTION OF THE PROCESS

7.1.1 Assessment & Monitoring of the Patient:

Pre- Operative:

- Each patient who receives sedation will have a Pre Anaesthesia Assessment (PAC), to include a review of the patient's past & present medical and drug history.
- A plan for the patient's moderate or deep sedation and anaesthesia care will be developed and the patient's sedation or anaesthesia care needs will be communicated among care providers.
- Based on the results of the pre sedation evaluation and prior to sedation, a determination that the patient is an appropriate candidate to undergo the planned sedation.
- The provider will discuss with the patient a description of the proposed procedure, the risks, benefits, potential complications, any alternative options associated with the planned procedure.
- A doctor or a nurse on advice of doctor shall administer sedation. The person administering and monitoring sedation shall be different from person performing the procedure.
- Anesthesia care will be provided by qualified individual.

Intra-Procedure:

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1. A staff member not primarily involved in performing the procedure will monitor the patient receiving the moderate or deep sedation and anesthesia.

2. The patient's physiological status will be monitored intra or post sedation or anesthesia administration

This shall include monitoring of following

- Cardiac rhythm
- Respiratory rate
- Blood pressure
- Oxygen saturation
- Level of sedation
- Any other parameter as required

All monitoring will be documented in a written report prior to administration of medication, and at 5 minutes interval during the procedures. In the recovery phase monitoring will continue at least every 15 minutes, for a minimum of 30 minutes, after the last drug administration for sedation or anesthesia.

3. The patient's response to care provided throughout the procedure will be documented in the patient's medical record.

Post Procedure:

Post sedation, patient's vitals shall be monitored at regular intervals (as decided by person administering sedation) till the patient recovers completely

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Documented criteria shall be followed to decide appropriateness of discharge from recovery area (refer document ‘criteria for discharge from recovery area’)

Annexure 1

Common Medications Used For Sedation and Analgesia (Moderate Sedation)

Common Medications Used for Sedation and Analgesia (Conscious Sedation)	
Medication	Comments
Diazepam	Respiratory Depression
Fentanyl	Respiratory Depression, especially when given with benzodiazepines; muscular rigidity
Thiopentone &	CNS depression; respiratory depression; hypotension;
Propofol	CNS depression; respiratory depression; hypotension; bradycardia
ketamine	Dissociative anaesthesia, Tachycardia, Hypertension, bradycardia
Midazolam	CNS depression; respiratory depression;

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	hypotension; bradycardia. More than 5 mg is rarely needed.
Morphine	CNS depression; respiratory depression; hypotension; bradycardia
Pentobarbital	CNS depression; respiratory depression; hypotension; bradycardia
Antagonists	
Flumazenil	Short half-life, may need to repeat dose in 20 minutes
Naloxone	Short half-life, may need to repeat dose in 20 minutes

- Some patients/procedures may require unique medications that may not be included in these guidelines
- Ketamine and propofol are anesthetics not sedatives. Therefore, the provider must be specifically credentialed,

Annexure 2

Emergency Equipment during Sedation

Appropriate emergency equipment should be available whenever sedative or analgesic drugs capable of causing cardiorespiratory depression are administered. The lists below should be used as a guide, which should be modified depending on the individual practice circumstances. Items in brackets are recommended when infants or children are sedated

Intravenous equipment

- Gloves

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- Tourniquets
- Alcohol wipes
- Sterile gauze pads
- Intravenous catheters [24-22-gauge]
- Intravenous tubing
- Intravenous fluids
- Assorted needles for drug aspiration & intramuscular injection

Basic airway management equipment

- Source of compressed oxygen (tank with regulator or pipeline supply with flow meter)
- Source of suction
- Suction catheters [pediatric suction catheters] Yankauer-type suction
- Face masks [infant/child]
- Self-inflating breathing bag-valve set [pediatric]
- Oral and nasal airways [infant/child-sized]
- Lubricant

Advanced airway management equipment (for practitioners with intubation skills)

- Laryngeal mask airways [pediatric]
- Laryngoscope handles (tested)
- Laryngoscope blades [pediatric]
- Endotracheal tubes Cuffed 6.0, 7.0, 8.0 mm
- ID [Uncuffed 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 5.5, 6.0 mm ID]
- Stylet (appropriately sized for Endotracheal tubes)
- Bougie

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Pharmacologic Antagonists

- Naloxone
- Flumazenil

Emergency medications

- Epinephrine
- Ephedrine
- Vasopressin
- Atropine
- Nitroglycerin
- Amiodarone
- Lidocaine
- Glucose, 50% [10 or 25%]
- Diphenhydramine
- Hydrocortisone
- Methylprednisolone
- Dexamethasone

7.2 ACTIVITY AND RESPONSIBILITY

Sr. No	Procedure Steps	Responsibility
1.	Patient should be kept Nil By Mouth (NBM) for specified period before administration of sedation.	Staff Nurse

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2.	Only qualified doctor is allowed to order sedation	Anaesthesiologist
3.	All monitoring equipments shall be made ready	Support Staff
4.	Patient is to be explained about procedures & informed consent is to be taken before administration of sedation.	Anaesthesiologist/Junior Resident
5.	Proper isolation is required.	Support Staff
6.	Recording of all vital sign parameters are done at every 15 minutes in OT	Staff Nurse
7.	Continuous monitoring is carried out by Staff Nurse along with the doctor	Staff Nurse & Doctor
8.	Patients shall not be transferred until and unless he/she fulfills the criteria of discharge from SICU/Recovery Area	Resident Doctor
9.	The OT and Recovery Areas are well equipped to handle any emergency	OT Nurse and OT In charge (Nursing)
10.	A Patient is Transferred to SICU/Recovery Area where 24 hours resident doctor is also available for rescue patients from a deeper level of sedation than that intended	Resident Doctor
11.	Any adverse event or side effect shall be recorded & informed to concerned consultant as soon as possible.	Nurses & Resident Doctor

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8.0 REFERENCES: Document Policy on Criteria of Discharge from SICU/Recovery area

9.0 RECORDS AND FORMATS:

Anesthesia/Moderate sedation – Diagnostic & Therapeutic Procedure Consent Form

Pre Anesthesia Assessment/Check (PAC) Form

Anesthesia records & departmental nominal register

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