Sedation-Analgesia (SA) Policy
Responsibility

- A health care provider with current privileges to administer Sedation Analgesia must conduct a pre-procedure evaluation, and obtain informed consent for sedation analgesia.

- ONLY a licensed independent practitioner (dentist, physician, etc) with sedation analgesia privileges may approve a sedation/analgesia plan is considered to be responsible for all drugs administered.

- Only patients reasonably expected to meet discharge criteria as specified shall receive sedation-analgesia.

- An order from the responsible attending must reflect: “Initiation of sedation-analgesia Protocol” prior to ordering medications.
Definition of Sedation-Analgesia

- Sedation-analgesia (SA) is defined by the administration of sedation and analgesia (a.k.a. conscious sedation) for diagnostic and therapeutic procedures.
- The process includes ongoing pre-, intra- and post-procedure monitoring of patient status.
Sedation-Analgesia Policy

NOT Sedation-Analgesia

- This policy does not apply to the direct treatment of patient disease, including pain/anxiety control.
- This policy does not apply to ventilated patients in an Intensive Care Unit due to progression of their primary disease.
- This policy does not apply to patients who have an anesthesiologist providing sedation or General Anesthesia.
Purpose of Policy I

- Appropriate standards for the administration and monitoring of sedation and analgesia for therapeutic and diagnostic procedures which may result in loss of patient protective reflexes
- To assure compliance with federal and state regulations and accrediting bodies
Purpose of Policy II

- To provide quality care in a safe environment for all patients within the system
- To minimize patients’ physical and emotional discomfort
- To decrease the risk of adverse outcomes
# Levels of Sedation

<table>
<thead>
<tr>
<th>Level</th>
<th>I-Minimal/Anxiolysis</th>
<th>II-Moderate/Conscious Sedation</th>
<th>III-Deep Sedation</th>
<th>IV-General Anesthesia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response to stimuli</td>
<td>Normal to Verbal</td>
<td>Purposeful to verbal or tactile</td>
<td>Purposeful to repeated verbal or to pain</td>
<td>Unresponsive to pain</td>
</tr>
<tr>
<td>Airway</td>
<td>Normal</td>
<td>No Required intervention</td>
<td>May require intervention</td>
<td>Often requires intervention</td>
</tr>
<tr>
<td>Breathing</td>
<td>Normal</td>
<td>Adequate</td>
<td>May requires assistance</td>
<td>Often requires assistance</td>
</tr>
<tr>
<td>Cardiovas</td>
<td>Normal</td>
<td>Usually Normal</td>
<td>Usually Normal</td>
<td>May be impaired</td>
</tr>
</tbody>
</table>
Complications of excessively deep sedation-analgesia (level IV) include the loss of a patient’s protective reflexes:

- loss of cough
- swallow
- gag reflexes

The patient becomes unable to handle their own secretions and/or loses the ability to breathe independently, leading to increased risk of aspiration, airway obstruction and hypoxia.
Level of Sedation in Sedation-Analgesia

- Sedation-analgesia includes:
  - Level II or moderate sedation
  - Level III or deep sedation

- SA requires the patient maintain purposeful response to repeated verbal/painful stimuli

- Reflex withdrawal from pain is not considered a purposeful response and thus represents stage IV sedation or anesthesia
Level I Sedation or *minimal* sedation is allowed in any patient care area under the orders and care of a licensed practitioner with privileges to order medications.

Level IV Sedation or *general anesthesia* can only be provided by anesthesiology personnel under the provisions and policies of the Department of Anesthesiology.
During *moderate/deep sedation* patient retains protective airway reflexes (gag, cough) and remains appropriately responsive to repeated verbal/pain stimuli.

*Moderate or Deep* Sedation may be administered by qualified personnel, as delineated in this policy.
SA: Know the Process

- All involved in process
- Know steps and paths
- Agreement of all involved
- Report data
- Analyze where to improve