

NEVADA STATE BOARD OF NURSING
Practice Decision
The Role of the RN in Moderate/Procedural Sedation

It is within the scope of practice of the RN to administer medications for the purpose of induction of moderate/procedural sedation for short term, diagnostic or surgical procedures provided the following criteria are met:

1. A qualified legally authorized practitioner credentialed in emergency airway management and cardiovascular support selects and orders the medications to achieve moderate/procedural sedation.
2. The qualified practitioner is present at the bedside but is unable to personally administer the medication because the practitioner is performing other critical tasks for that patient.
3. Guidelines for patient monitoring, drug administration and protocols for dealing with potential complications or emergency situations are available and have been developed in accordance with nationally accepted standards of practice.
4. The RN managing the care of the patient receiving moderate/ procedural sedation shall have no other responsibilities that would leave the patient unattended or compromise continuous monitoring.
5. The RN has completed ACLS and PALS (for the pediatric patient) and-NRP (for the neonatal patient).
6. The RN has demonstrated current competencies regarding the administration and monitoring of moderate/procedural sedation.
7. The RN may administer IV anesthetic agents for the purpose of moderate/procedural sedation in an appropriate setting to the practice determined by the facility that employs the RN. The facility should have written policies regarding the location of where sedation may occur, the training and qualifications of personnel, monitoring equipment, pharmacological guidelines, patient recovery, quality assurance and documentation. For any other administration of anesthetic agents by the RN, see the NSBN Practice Decision dated September 2014, Rapid Sequence Intubation Guidelines, Medication Administration by Registered Nurses.

COMPETENCIES

The registered nurse must be competent to perform the function, and the function must be performed in a manner consistent with the standard of practice. In administering medications to induce moderate/procedural sedation, the RN is required to have the same knowledge and skills as for any other medication the nurse administers. This knowledge base includes but is not limited to:

- effects of the medication, potential side effects of the medication,
- contraindications for the administration of the medication, and
- the dose of the medication to be administered

The requisite skills include the ability to:

- competently and safely administer the medication by the specified route,
- anticipate and recognize the potential complications of the medication,
- recognize emergency situations, and
- institute emergency procedures
- competently and safely administer reversal medications

Thus the RN shall be held accountable for knowledge of the medication and for ensuring that the proper safety measures are followed. The institution shall have in place a process for evaluating and documenting the RN's demonstration of the knowledge, skills and abilities for the management of patients receiving agents to render procedural sedation. Evaluation and documentation of competency shall occur on an annual basis.

SAFETY CONSIDERATIONS

The safety considerations for moderate/procedural sedation include: continuous monitoring of oxygen saturation, cardiac rate and rhythm, blood pressure, respiratory rate and level of consciousness. The RN shall ensure the immediate, on-site availability of back-up personnel for airway management, resuscitative and emergency intubation and of emergency equipment which contains resuscitative and antagonistic medications, reversal agents, airway and ventilatory adjunct equipment, defibrillator, suction and a source for administration of 100% oxygen. The RN administering agents to render moderate/procedural sedation shall conduct a nursing assessment to determine that administration of the drug is in the patient's best interest. The RN shall ensure that all safety measures are in force.

MANAGEMENT OF NURSING CARE

The RN is held accountable for any act of nursing provided to a patient. The RN managing the care of the patient receiving moderate or procedural sedation shall have no other responsibilities that would leave the patient unattended or compromise continuous monitoring. The complex nursing functions, including vital signs, shall not be assigned to unlicensed assistive personnel. The RN has the right and obligation to act as the patient's advocate by refusing to administer or continue to administer any medication not in the patient's best interest. This includes medications which would render the patient's level of sedation to deep sedation and/or a loss of consciousness.

DEFINITIONS OF SEDATION

Minimal sedation: A drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilator and cardiovascular function are unaffected (AACN, 2002), (ASA, 2014)

Moderate sedation: A drug-induced depression of consciousness during which patients respond purposefully to verbal commands either alone or accompanied by tactile stimulation. No interventions are required to maintain a patent airway, and

spontaneous ventilation is adequate. Protective airway reflexes and cardiovascular function are usually maintained (ASA, 2014).

Procedural sedation: A technique of administering sedatives or dissociative agents with or without analgesics to induce a state that allows the patient to tolerate unpleasant procedures while maintaining cardio respiratory functions (ACEP, 2011)

Anesthetic Agents: Medications may include those classified as anesthetic agents, but are not to be administered to provide anesthesia.

RESOURCES

American Association of Critical-Care Nurses (AACN) (2002). Position statement, AACN sedation guidelines, March 2002.

American Association of Nurse Anesthetists (AANA) (2016). Non-anesthesia provider procedural sedation and analgesia: Policy considerations. Retrieved 03/2018 from: <http://www.aana.com>.

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American Society of Anesthesiologists (2002): Practice guidelines for sedation and analgesia by non-anesthesiologists: An updated report. *Anesthesiology* 2002; 96(4):1004-17

American Society of Anesthesiologists (2009): Continuum of depth of sedation: Definition of general anesthesia and levels of sedation/analgesia. Approved by ASA House of Delegates on October 12, 1999 and last amended on October 15, 2014. Retrieved March 2018 from: www.asahq.org/For-Members//media/For%20Members/Standards%20and%20Guidelines/2012/CONTINUUM%20OF%20DEPTH%20OF%20SEDATION%20442012.ashx.

American Society of PeriAnesthesia Nurses (ASPN) 2012-2014 Perianesthesia Nursing: Standards, practice recommendations and interpretive statements. Retrieved March 2018 from: www.aspan.org.

Arkansas Board of Nursing (2017). Position statement: Role of the RN in management of patients receiving moderate sedation, anesthetic agents or neuromuscular blocking (paralytic) agents for therapeutic or diagnostic procedures. Arkansas Board of Nursing Update, 21(3) 20-21.

Association of Operating Room Nurses (AORN) (2015) Recommended Practices for Monitoring the Patient Receiving Intravenous Sedation. Retrieved from: <http://www.aorn.org>

Caperelli-White, L. and Urman, R. (2014). Developing a moderate sedation policy. Essential elements and evidence-based considerations. *AORN Journal*. 99(3) 416-430.

Approved by the Nevada State Board of Nursing (NSBN): 3/16/05 (Replaced Anesthetic Agents Decision)

Approved by the NSBN Nurse Practice Advisory Committee: 12/5/06

Approved by the NSBN: 1/24/07

Reviewed by the NSBN Nurse Practice Advisory Committee: 04/12/11 and 06/14/11

Approved by the Nevada State Board of Nursing: 09/14/11

Reviewed by the NSBN Nurse Practice Advisory Committee: 04/10/18

Approved by the Nevada state Board of Nursing 5/16/18

LAST EDITED MARCH 26, 2018