Deep Sedation vs. Moderate Sedation

Pre-procedure, Monitoring, and Recovery
Definitions

- Moderate Sedation: 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 remains stable.

- Deep Sedation: A drug-induced depression of consciousness during which patients cannot be easily aroused, but respond purposefully following repeated or painful stimulation. To independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway and spontaneous ventilation may be inadequate.
Responsibilities

- **Due to scope of practice**, the Board of Nursing states that RNs or CRNPs cannot administer or monitor deep sedation.

- **Examples of medications** that produce deep sedation include Etomidate, Ketamine, and Propofol (and others).

- **Etomidate may be given** by a competent RN who is assisting an individual to intubate a patient (this is not considered deep sedation).

- **Propofol may be given** (by IV infusion only) by a competent RN where the patient is already intubated and ventilated.
Who May Administer Meds and Monitor Patients for Deep Sedation?

- Emergency certified physicians
- Anesthesia personnel
- Physicians with demonstrated intubating proficiency in last year
Because Sedation is a Continuum...

This individual must be able to rescue the patient who enters a state of general anesthesia (loss of consciousness, not arousable, even with pain)
When and Where

- Deep sedation is approved for nonanesthesia personnel only for single dose, brief procedures of approximately 10 minutes or less.
- Prolonged procedures may only be performed by anesthesia personnel.
- RN will document.

Deep Sedation may only be administered in:

- ED
- OR
- PACU
- ICU
Pre-Procedure

The same as for moderate sedation:

- Consent for procedure and deep sedation
- Crash cart with defibrillator at bedside
- Appropriate equipment including ETT, laryngoscope, suction, reversal agents, BVM, O2, emergency drugs
- ASA score by physician
- Mallampati score by physician

- Continuous monitoring with cardiac monitor, pulse oximetry
- Intermittent monitoring with BP, RR
- Continuous IV
- Document on flow sheet (e-form ‘Deep Sedation’)
- Time Out/Procedure Verification
During Procedure

- Documentation of cardiac rhythm, pulse ox, BP, HR, RR every 5 minutes
- Documentation of pain level every 15 minutes
- PARS scores every 5 minutes
Post-Procedure

- VS with PARS scores at least every 5 minutes for total of 4 times...
- Then every 15 minutes until patient meets criteria (see policy)
- Physician must stay with patient until VS are stable (until ventilation is adequate and awake enough to keep airway open)
- Afterwards, physician must be immediately available