Procedural Sedation: Position Statement for Role of the Registered Nurse

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Disclaimer

The Canadian Society of Gastroenterology Nurses and Associates (CSGNA) presents this guideline to be used as a reference in the development of institutional policies, procedures and protocols. The CSGNA assumes no responsibility for the practices or recommendations of any member or other health care professional, or for the policies and procedures of any practice setting. The Registered Nurse functions within the scope of practice of the provincial licensing body and the institutional policy of where they are employed.

Position

The Canadian Society of Gastroenterology Nurses and Associates supports the position that competent Registered Nurses trained in the field of gastroenterology, procedural sedation, medication management, and airway management may be given responsibility of administering procedural sedation under direct order and supervision of the physician. Other anticipated and unanticipated procedural sedation activities may include patient monitoring, administration of reversal agents, suctioning, and airway maintenance including oxygen administration, insertion of an oral-pharyngeal airway, and bagging. The Registered Nurse must be knowledgeable and skilled in assessing, diagnosing, and intervening in the event of complications. The Registered Nurse is responsible to communicate changes in patient condition during the procedure and in the post sedation period. If the procedure is deemed therapeutic, then a second Registered Nurse / Licensed Practical Nurse / Registered Practical Nurse is required to maintain patient safety. The Registered Nurse responsible for the airway and monitoring of the patient cannot also be the therapeutic equipment nurse (RN/LPN/RPN).

CSGNA supports health care providers and organizations to strive for the delivery of safe, ethical, quality patient centered care. Applying the Canadian Nurses Association Staff Mix Decision Making Framework will help organizations determine the appropriate staff mix to deliver safe, quality care in the procedural sedation environment. The CSGNA also supports the Canadian Association of Gastroenterology (CAG) guidelines on Quality Improvement Indicators in Endoscopy as it relates to the role of the RN in procedural sedation.
Background

Procedural sedation is used for most endoscopy procedures and produces a moderate level of anxiolysis. Procedural sedation medications may include Opioids and Benzodiazepines and anesthetic agents such as Propofol. It is currently not within the scope of practice for an endoscopy nurse to administer Propofol. The importance of monitoring in the intra and post procedure period has never been more critical than current with the rising complexity of endoscopy procedures and the higher acuity of the patient population.

Key Recommendations

- Advanced Cardiac Life Support (ACLS) training is not required in institutions that have code response teams. In institutions where no code team exist then staff must be trained in ACLS.

- Registered Nurses in the procedural sedation role should ensure emergency equipment such as suctioning, oral airways, baggers, reversal agents are available.

- Procedural sedation competency should be examined on a yearly basis. To establish competency in this skill a Registered Nurse must be provided by their endoscopy department or institution an education module on procedural sedation, and pass examination of a written and practical component.

The formal training must include:

1. Safe administration of sedative and analgesic medications used to establish a moderate level of sedation
2. Understanding of all sedation medications, pharmacology, side effects, and administration guidelines
3. Understanding of indications and contraindications of moderate sedation
4. Use of reversal agents for opioids and benzodiazepines
5. Recognition of abnormal vital sign and monitoring parameters.
6. Understanding of airway management, assessment, and interventions
7. Knowledge of assessment in the pre, intra, and post procedure period
8. The RN must have basic cardiac life support (in hospitals) and ACLS in private clinic endoscopy units

- RNs administering procedural sedation require Direct IV medication administration certification.

- In situations where anaesthesia is involved in administering procedural sedation and monitoring of the patient, only one nurse is required in the procedure room to assist the Endoscopist with therapeutics and can provide support to anaesthesia to maintain the continuity of care.
Pre-procedure Considerations

- The RN/LPN/RPN will complete a detailed nursing history and assessment and assess for procedural sedation risk factors such as poor cardiovascular disease, respiratory disease such as asthma or COPD, breathing difficulties, obesity, sleep apnea and use of CPAP, home oxygen, alcohol, smoking or drug use, antidepressant, narcotic, and benzodiazepine use. The LPN/RPN must consult with the RN about any concerns he or she may have regarding the patient and the admission process.
- Confirm designate driver for patient and educate regarding restrictions of driving, operating heavy equipment, alcohol and drug consumption, and making legal/medical decisions post sedation.
- Document conversation and report any significant findings which may impact the patient’s ability to receive procedural sedation to the most responsible practitioner.
- Ensure Informed consent is completed on chart by the authorized prescriber.

Intra-procedure Considerations

- Ensure there is an order for sedation, correct dose for the patient, confirmation of allergies, and intravenous access.
- Document and monitor the patient receiving procedural sedation according to the institutional policy of where the nurse is employed. Documentation should include responses to sedation, tolerance of procedure, and the monitoring of blood pressure, pulse, ECG monitoring (if cardiac history may negatively impact outcomes), respiration, oxygen saturation via pulse oximetry, and capnography (gold standard).
- If a moderate sedation level is achieved for the procedure, two health professionals are recommended in the endoscopy suite.
- The RN must be knowledgeable of sedation overshoot and have the skill to correct or reverse the overshoot.

Post-procedure Considerations

- If reversal agents are used, patients are to be monitored for 2 hours after administration.
- The RN must be knowledgeable of the discharge criteria post procedure (for example patients must return to pre-sedation level of mental and physical capacity, use of Ramsay or Aldrete score system for discharge).
Evidence of discharge criteria, designated ride and teaching regarding post sedation restrictions must be documented in the patient care record.

Definitions

**Moderate sedation** - Anxiolysis or suppressed level of consciousness is where the patient responds purposefully to verbal commands with light stimulation and can maintain spontaneous respirations and airway without assistance. Cardiovascular function is also maintained.

**Sedation Overshoot** - A term used to describe a situation whereby the patient has reached a deeper level of sedation than intended.

**Scope of practice** - The knowledge of a discipline and the comprehension application of said knowledge to meet the health care needs in any health care setting, and client complexity. It includes interventions that the nurse is regulated, educated and competent to perform.

**Registered Nurse (RN)** - A pan Canadian term to describe a protected title of a nurse who has more educational background than the Registered Practical Nurse (RPN), or Licenced Practical Nurse (LPN). Education includes critical thinking and critical inquiry skills which assist the RN in dealing with **predictable and unpredictable** environments of the stable and unstable patient.

**Licenced Practical Nurse (LPN and RPN)** - Provinces and Territories in Canada and outside of Ontario classify the LPN/RPN as a nurse who has critical thinking skills to handle stable patients in **predictable** environments.

**References**


