



# Procedural Sedation

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01.01.26 CC-SEO



## Objectives:

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- Review indications for procedural sedation at CC-SEO.
- Review rationale for why it is an advanced competency.



## Outline:

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- Define and describe procedural sedation.
- CC-SEO indication and nurses role.
- Advanced competency.



## Procedural sedation and analgesia:

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- The old term is “conscious sedation”
- Also known as “procedural sedation”
- But the proper term is “procedural sedation and analgesia”.

# Procedural sedation and analgesia:

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## What is it?

- A description of a state that allows a patient to tolerate unpleasant procedures while maintaining both adequate cardio-respiratory function and the ability to respond to verbal commands and/or tactile stimulation.

## How is it done?

- Accomplished through IV/IM administration of sedative and analgesic agents while allowing independent airway control throughout the procedure.



# Procedural sedation and analgesia:

## **Why is it done?**

1. To alleviate patient anxiety, as evidenced by patient cooperation;
2. To produce a level of consciousness of 2-3 (ASA) where the patient arouses easily when called by name and drifts back to sleep when not stimulated;
3. To allow a patient to rest: the patient may exhibit signs of discomfort, but will fall back to sleep when the noxious stimulus is removed;
4. To result (may result) in some degree of amnesia in relation to the procedural/treatment event.

# Levels of sedation and analgesia:

American Society of Anesthesiologists (ASA) adopted formal definitions (scores 1-5) in 1999:

- 1-2 is Minimal Sedation (“Anxiolysis”) A drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected.
- 2-3 is Moderate Sedation/Analgesia (“Procedural Sedation and 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 is Deep sedation/analgesia
- 5 is General anesthesia

## At CC-SEO:

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- Procedural sedation and analgesia is a rare occurrence.
- Indications for CC-SEO are Pediatric procedures/treatment:
  - Lumbar puncture
  - Bone Marrow & Aspirate
  - Intrathecal chemotherapy

## Pediatric nurse's role:

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- Assist physicians:
  - Oncologist “role” is the cancer procedure and/or treatment.
  - Internist “role” is the administering the drugs and post procedure monitoring until the patient can manage their airway.
- Prepares the environment.
- Records vital signs pre-peri-post.
- Discharges patient home when criteria have been met.

## Medications administered:

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Opioid analgesics & sedatives are the most common drugs used. Some drugs that have been administered in the centre are:

- Propofol-ultra-short-acting sedative, hypnotic, amnestic & mild antiemetic.
- Ketamine-analgesic, sedative & amnestic agent that produces a dissociative or trance-like state.
- Benzodiazepines e.g. midazolam-sedatives that reduce anxiety & induce short-term amnesia.
- Fentanyl-synthetic opioid-analgesic



## Drugs for reversal:

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- Nalaxone (Narcan)-opiate antagonist
- Flumazenil (Anexate)-benzodiazepine antagonist

## College of Nurses (CNO)-medication standard section- “sedation for procedures”:

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RNs can administer:

- ***Minimal-sedation (anxiolysis) (ASA 1-2*** (slide 6)) medications that do not impair the patient’s ventilatory & CV functions e.g. lorazepam 0.5 mg

RNs can not administer:

- ***Moderate and deep sedation (ASA 2-4*** (slide 6)).
  - Sedated patient monitoring is beyond the basic preparation of RNs.

## To administer moderate and deep sedation nurse must meet CNO criteria:

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1. Assess the appropriateness of the prescribed sedation & dose;
2. Administer sedation according to standards of administration;
3. Monitor the patient and competently interpret ECG, BP, oximeter;
4. Ensure appropriate equipment and reversal of drugs are available;
5. Make all decisions required during the sedation;
6. Manage all possible outcomes of the sedation administration or ensuring that resources are available to manage the outcomes.

## Advanced Competency (AC):

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- The complexity of different skills required the Nursing Practice Council has determined it to be an AC the Registered Nurse would be certified in because:
  1. The required skills required are in the practice of Nursing for which, normally, the basic nursing programs provide neither specific theory nor practice;
  2. The required skills have outcomes which are more unpredictable than basic skills; and
  3. The required skills pose greater risk to the patient than basic skills.

## Practice update:

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- Administrative policy on procedural sedation and analgesia is in draft.
- Nursing policy on procedural sedation and analgesia as an advanced competency is in draft.
- Cancer centre nurses will not be certified in procedural sedation however when the policy is approved pediatric nurses will be trained in:
  - Postanesthesia Discharge Scoring System (PADSS): (assesses vital signs, activity level, nausea & vomiting, pain and surgical bleeding)
  - The procedural sedation documentation tool.