



Administration and Management of Intravenous (IV) Moderate Sedation

POSITION STATEMENT

The Mississippi Board of nursing is a consumer protection agency with the authority to regulate the practice of nursing provided for by Mississippi Code of 1972, Annotated, Title 73, Chapter 15.

A position statement is a scope of practice determination made by the Board, as to whether performance of an action by a licensed nurse is within acceptable standards. Position statements are administrative and educational tools that can be used to assist providers, licensed nurses, and other interested parties in scope of practice determinations. Position statements of the Mississippi Board of Nursing are formulated in response to the Board's legally mandated charge to protect the public through safe nursing practice.

BACKGROUND

The Mississippi Board of Nursing has rescinded its prior revisions to the moderate sedation position statement made on 4/3/2009 and 7/24/2009. Optimal anesthesia care is best provided by qualified anesthesiologists and certified registered nurse anesthetists (CRNA). However, after further deliberation and consideration, the Nurse Practice Committee acknowledges the demand in the practice setting necessitating that registered nurses that are non-CRNAs provide IV moderate sedation.

Sedation and analgesia describe a medically controlled state of depressed consciousness that allows protective reflexes to be maintained. The patient retains the ability to independently maintain his or her airway and to respond purposefully to verbal commands and/or tactile stimulation. Those patients whose only response is reflex withdrawal from a painful stimulus are sedated to a greater degree than encompassed by sedation/analgesia.

Because it is not always possible to predict how a specific patient will respond to any agent, practitioners intending to produce a given level of sedation should be able to rescue patients whose level of sedation becomes deeper than intended.

According to the "Continuum of Depth of Sedation: Definition of General Anesthesia and Levels of Sedation/Analgesia", approved by the American Society of Anesthesiologists October 13, 1999, and amended on October 27, 2004, the levels of sedation are defined as follows:

- **Minimal sedation (anxiolysis)** is 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.

- **Moderate Sedation/Analgesia (Conscious Sedation)** is 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.
- **Deep Sedation/Analgesia** is a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully* following repeated or painful stimulations. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilations may be inadequate. Cardiovascular function is usually maintained.
- **General Anesthesia** is a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

*Reflex withdrawal from a painful stimulus is NOT considered a purposeful response.

SCOPE OF PRACTICE

It is **not** within the scope of practice of the registered nurse who is not a qualified anesthesia provider to administer or manage deep sedation or general anesthesia.

It is **not** within the scope of practice of the registered nurse who is not a qualified anesthesia provider to administer anesthetic agents (such as Propofol, Ketamine, Etomidate, or Fospropofol). These agents should be administered only by persons trained and educated in the administration of general anesthesia.

It is **not** within the scope of practice of the registered nurse to provide procedural monitoring of a person that has received an anesthetic agent by another licensed professional.

1. The registered nurse is allowed by state law and institutional policy to administer IV moderate sedation.
2. The healthcare facility has in place an education mechanism for the registered nurse that includes documentation of education and competence necessary for the performance of this function on an ongoing basis. The preparation must be beyond the nurse's basic nursing education. Including but not limited to:
 - a. Demonstrate competence and knowledge of anatomy, physiology, pharmacology, cardiac arrhythmia recognition and identification of complications related to IV moderate sedation and medications.
 - b. Assessment of total patient care during IV moderate sedation and recovery. Physiologic measurements should include, but not limited to respiratory rate, oxygen saturation, blood pressure, cardiac rate and rhythm, and patient's level of consciousness.

- c. Recognize potential complications of sedation and analgesia for each type of agent being administered.
 - d. Interpretation of physiological responses and initiation of appropriate interventions demonstrated through competency in airway management resuscitation (i.e., ACLS, PCLS).
 - e. Knowledge of administering IV moderate sedation and/or monitoring patients receiving IV moderate sedation, including the RN's responsibility and liability in the event of an untoward reaction or life-threatening complication.
2. 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 accepted standards of anesthesia practice.
3. There is a medical order from a qualified anesthesia provider, attending physician, or CRNA who selects and orders the agents to achieve sedation and analgesia.
4. The qualified anesthesia provider, attending physician, or CRNA ordering the sedation should be **physically present and immediately available** to respond in the event of an emergency.
5. Whether or not the registered nurse actually administers the medication, the RN is responsible for monitoring and assessing the patient receiving the moderate sedation throughout the diagnostic or therapeutic procedure according to currently recognized standards of practice;
6. The registered nurse managing and monitoring the patient receiving IV moderate sedation shall have no other responsibilities during the procedure.
7. All necessary resources are available;
8. The patient must be adequately monitored according to currently recognized standards of practice; and
9. The institution must have written policy and procedure which address:
 - a. The maximum initial dose and the agent that may be administered by a registered nurse for the purpose of moderate sedation during medical procedures; and
 - b. Emergency cart, resuscitation personnel, defibrillator, and supplemental oxygen availability immediately accessible when IV moderate sedation is administered.
 - c. Post administration/recovery monitoring provided with the accepted current standard of practice for dosage, medication, and route of administration.
 - d. Maintenance of continual intravenous access in the patient receiving IV moderate sedation.
 - e. Documentation and monitoring of physiologic measurements.

- f. A qualified professional capable of managing complications is present in the facility and remains until the patient is stable.
10. The healthcare institution in conjunction with physicians and other appropriate departmental personnel are responsible for determining specific pharmacologic agents and dosages to be used to induce moderate sedation. The drugs and dosage should be clearly intended for maintaining the patient in a conscious state.

It is incumbent upon the RN to participate in this procedure only if:

- a. Competency is maintained;
- b. Necessary resources are immediately available; and
- c. The procedure is according to accepted standards of practice.

The Board does not maintain a listing of specific medications acceptable for administration by registered nurses. When administering any medication, the licensed nurse should be knowledgeable of and comply with all applicable state and federal laws, rules, regulations and guidelines pertaining to the specific medication, including but not limited to, those of the Food and Drug Administration (FDA), Drug Enforcement Administration (DEA), the Mississippi Board of Pharmacy and the Mississippi Board of Nursing. The nurse/facility must determine which medication is appropriate for the nurse to safely administer based on the nurse's education and competence, current standards of practice, and the facility's policies and procedures.

THIS POSITION STATEMENT DOES NOT APPLY TO:

- **THE ADMINISTRATION OF AGENTS FOR THE PURPOSE OF ANXIOLYSIS/ANALGESIA/PAIN MANAGEMENT.**
- **THE ADMINISTRATION OF AGENTS IN AN EMERGENCY FOR RAPID SEQUENCE INTUBATION WHEN A PHYSICIAN OR CRNA IS IMMEDIATELY PRESENT AND SELECTS THE ORDERS AND AGENT**
- **THE ADMINISTRATION OF AGENTS TO INTUBATED MECHANICALLY VENTILATED PATIENTS IN CRITICAL CARE SETTINGS.**

SOURCES

1. American Association of Nurse Anesthetists, "Consideration for Policy Guidelines for Registered Nurses Engaged in the Administration of Sedation and Analgesia." Available at www.aana.com last accessed on March 9, 2009.
2. American Society of Anesthesiologists, "Practice Guidelines for Sedation and Analgesia by Non-Anesthesiologists." *Anesthesiology* 2002; 96:1004-17.
3. American Society of Anesthesiologists, "Continuum of Depth of Sedation: Definition of General Anesthesia and Levels of Sedation/Analgesia," as amended October 27, 2004.
4. American Society of Anesthesiologists Statement, "Safe Use of Propofol," approved by the ASA House of Delegates on October 27, 2004.

HISTORY

Approved: 6/20/1991

Reviewed: 4/22/1993; 12/3/1997

Rescinded: 4/3/2009; 7/24/2009

Revised: 8/19/1994; 12/3/2004; 8/11/2006; 12/4/2009; 12/9/2016

Medical procedures are often contraindicated based on the medical status of the patient. The licensed nurse has the right and the obligation to question orders and decisions, which are contrary to acceptable standards, and to refuse to participate in procedures which may result in harm to the patient.

12/2017 Amendment to the position statement entitled "Management of Intravenous (IV) Moderate Sedation"

"Emergency is defined as the threat of the loss of life, limb, or vision. It is therefore within the scope of practice of the RN in the emergency setting as defined herein to administer, manage, and monitor sedation in accordance with appropriate education, training, policy, and procedure established by the employing organization."

