



Australasian College for Emergency Medicine

ABN 76 009 090 715

AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS

ABN 82 055 042 852

AND

FACULTY OF PAIN MEDICINE

AND

JOINT FACULTY OF INTENSIVE CARE MEDICINE

AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS AND ROYAL
AUSTRALASIAN COLLEGE OF PHYSICIANS

ABN 82 055 042 852

AND

AUSTRALASIAN COLLEGE FOR EMERGENCY MEDICINE

ABN 76 009 090 715

STATEMENT ON CLINICAL PRINCIPLES FOR PROCEDURAL SEDATION

1. INTRODUCTION

The purpose of this paper is to outline the basic clinical principles underlying the practice of procedural sedation.

The specific application of these principles is a matter for policy development and determination by appropriate professional organisations.

2. PATIENT ASSESSMENT AND PREPARATION

All patients should be assessed before sedation for a procedure. Assessment should include:

- 2.1 Medical history, including details of events leading to the current problem, co-existing medical conditions, past medical history, including anaesthesia and surgery, medications, recreational drugs, allergies, and fasting status (seriously ill or injured patients should be assumed to have a full stomach).
- 2.2 Examination, including that relevant to the current problem, airway, cardiovascular and respiratory status, other systems identified by the history.
- 2.3 Relevant investigations.
- 2.4 Identification of risk factors (eg co-morbidities, allergies, ASA classification).
- 2.5 Obtaining of informed consent for sedation and the procedure.

3. STAFFING

Sedation and performance of a procedure requires at least two appropriately qualified staff:

- 3.1 One to perform the procedure.
- 3.2 One to be solely responsible for administration of medications, monitoring and care of the patient.
- 3.3 A medical specialist or advanced medical trainee or other appropriately credentialed medical practitioner with specific experience in airway management and resuscitation must be either directly involved in performance of the procedure or administration of the sedation.
- 3.4 If general anaesthesia is intended for the procedure, a medical practitioner trained in the use of anaesthetic agents and techniques must be present to care exclusively for the patient.

4. FACILITIES

The procedure must be performed in a suitable clinical area with facilities for monitoring, and advanced cardiorespiratory resuscitation.

There must be immediate and dedicated availability of equipment for oxygen administration and artificial ventilation, suction, and equipment and medications for cardiac resuscitation.

5. MONITORING

All patients undergoing intravenous sedation must be monitored continuously with pulse oximetry. There must be regular recording of pulse rate, oxygen saturation and blood pressure throughout the procedure. Other monitors such as ECG or capnometry may be required.

6. MEDICATION

Doses of medications must be calculated, drawn up and labelled prior to the procedure.

Appropriate antagonists must be available.

Secure intravenous access is mandatory.

Oxygen must be given to every sedated patient.

7. RECOVERY

Close observation and monitoring by appropriately trained staff in a suitable clinical area with immediate availability of oxygen, suction, resuscitation drugs and equipment should continue until the patient returns to their pre-sedation state of consciousness and cardiorespiratory function.

8. DOCUMENTATION

The clinical record should include the names of staff performing sedation and the procedure, with documentation of the history, examination, investigations, details of the medications and fluids administered (including time, dose, route) any resulting complications, as well as monitoring used, and data measured. Progress in the recovery phase should be similarly documented.

9. DISCHARGE

The patient may leave the recovery area or be discharged when:

- 9.1 Vital signs and level of consciousness have returned to pre-sedation level.
- 9.2 An appropriate accompanying person and transport is available.
- 9.3 Appropriate further care has been arranged.

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