

OKLAHOMA BOARD OF NURSING
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Monitoring of the Moderate (Conscious) Sedation Patient by
Licensed Practical Nurse Guidelines

- I. Introduction/Purpose: This guideline addresses monitoring moderate sedation of patients for short term therapeutic, diagnostic or surgical procedures by the Licensed Practical Nurse.
- II. Definitions
- A. Administration includes preparing and handing a medication to a patient for self-administration and/or the introduction of a medication via any route into a body system at any point during a moderate (conscious) sedation event. Medications used to achieve moderate (conscious) sedation are selected and ordered by any person authorized by state law to so prescribe.
- B. Management of the patient is the use of the nursing process to deliver and direct comprehensive nursing care during a procedure in a practice setting.
- C. Moderate (Conscious) sedation is a drug-induced depression of consciousness during which patients respond purposefully to verbal commands. NOTE: *Reflex withdrawal from a painful stimulus is not considered a purposeful response, 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. Routes of administration of moderate (conscious) sedation drugs include but are not limited to IV, oral (including lollipops), nasal inhalation, or per rectum. Moderate (conscious) sedation does not apply to the control of pain, sleep, or sedation of patients on ventilators or to the administration of pre-operative medications (Department of Health and Human Services, 2011). *Those patients whose only response is reflex withdrawal from a painful stimulus are sedated to a greater degree than encompassed by moderate (conscious) sedation/analgesia* (American Association of Nurse Anesthetists, 2010).
- D. Deep sedation is a drug-induced depression of consciousness during which patients cannot be easily aroused, but respond purposefully after repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained (Department of Health and Human Services, 2010).

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- E. Monitoring is clinical observation that is individualized to patient needs based on data obtained from pre-procedure patient assessments. The objective of monitoring patients who receive Moderate (conscious) sedation is to improve patient outcomes. Monitoring includes the use of mechanical devices and direct observation.

III. Qualifications

- A. The Licensed Practical Nurse (LPN) is authorized by institutional policy to monitor moderate (conscious) sedation patients during short-term therapeutic, diagnostic or surgical procedures.
- B. The LPN monitoring the patient receiving moderate (conscious) sedation:
 - 1. demonstrates the acquired knowledge of anatomy, physiology, pharmacology, cardiac arrhythmia recognition, medications and complications related to moderate (conscious) sedation;
 - 2. understands the principles of oxygen delivery, transport and uptake, respiratory physiology, and the use of oxygen delivery services;
 - 3. possesses the ability to monitor and intervene based upon orders or institutional protocols, in the event of complications;
 - 4. demonstrates competency in airway management and resuscitation appropriate to the age of the patient.
- C. Administration of medications to and management of the moderate (conscious) sedation patient remains the responsibility of the Registered Nurse, licensed physician or dentist.

IV. Monitoring by the Licensed Practical Nurse

- A. The following policies must be available to the LPN monitoring the moderate (conscious) sedation patient in the facility in which the moderate (conscious) sedation is administered:
 - 1. Moderate (conscious) sedation may not be started until an adequate number of staff with demonstrated competency in moderate (conscious) sedation medication administration, and the management and monitoring of the patient with moderate (conscious) sedation is available;
 - 2. Guidelines for patient monitoring and protocols for dealing with potential complications or emergency situations, developed in accordance with accepted standards;
 - 3. A policy addressing frequency of documentation and monitoring of physiologic measurements including but not limited to blood pressure, respiratory rate, oxygen saturation, cardiac rate and rhythm, and level of consciousness.

4. A licensed nurse who is not a Certified Registered Nurse Anesthetist may not assess the level of sedation for any and all drugs used in general anesthesia or moderate (conscious) sedation if the drug manufacturer's general warning advises the drug should be administered and/or monitored by persons experienced in the use of general anesthesia who are not involved in the conduct of the surgical and/or diagnostic procedure.
- B. The following equipment must be available:
 1. An emergency cart must be immediately accessible to every location where moderate (conscious) sedation is administered. This cart must include emergency resuscitative drugs, airway and ventilatory adjunct equipment, defibrillator, and a source for administration of 100% oxygen.
 2. A positive pressure breathing device, oxygen, suction, and appropriate airways must be placed in each room where moderate (conscious) sedation is administered.
 3. Supplemental oxygen shall be available for any patient receiving moderate (conscious) sedation during the post-procedure period.
 - C. The LPN monitoring the patient receiving moderate (conscious) sedation shall have no other responsibilities that would leave the patient unattended or compromise continuous monitoring.
 - D. Qualified professionals who are experts in airway management, emergency intubation and advanced cardiopulmonary resuscitation are present and immediately available in the facility and remain in the facility until the patient is stable.
- V. Regulatory Authority: Title 59 O.S. §567.3a.2, 3 & 4
- VI. Selected Bibliography:

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