



Arizona State Board of Nursing

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An advisory opinion adopted by AZBN is an interpretation of what the law requires. While an advisory opinion is not law, it is more than a recommendation. In other words, an advisory opinion is an official opinion of AZBN regarding the practice of nursing as it relates to the functions of nursing. Facility policies may restrict practice further in their setting and/or require additional expectations related to competency, validation, training, and supervision to assure the safety of their patient population and/or decrease risk.

**OPINION: DEEP SEDATION FOR
VENTILATED PATIENTS**
DATE APPROVED: 9/96
REVISED DATE: 5/01, 07/02; 1/08, 3/11
ORIGINATING COMMITTEE:
SCOPE OF PRACTICE COMMITTEE

Within the Scope of Practice of X RN LPN

ADVISORY OPINION DEEP SEDATION FOR MECHANICALLY VENTILATED PATIENTS

For the purposes of this advisory opinion, deep sedation is defined as follows:

Deep sedation: a medically controlled state of depressed consciousness or unconsciousness from which the patient is not easily aroused but may purposefully respond to repeated or noxious stimuli*. It may be accompanied by a partial or complete loss of protective reflexes and includes the inability to maintain a patent airway independently and requires assistance with ventilation. The patient is usually able to maintain cardiovascular function.

*Withdrawal from painful/noxious stimuli is considered a reflex action and not a purposeful response.

Note: See also Arizona State Board Advisory Opinion Conscious Sedation for Diagnostic or Therapeutic Procedures

It is within the Scope of Practice of a Registered Nurse to administer medications by titration to clinical response to provide deep sedation for intubated/mechanically ventilated patients. This may include medications classified as anesthetic agents, but may not be construed as approved for the RN to administer an anesthetic as in A.R.S. § 32-1661.

I. GENERAL REQUIREMENTS

- A. Written Policy and Procedure is maintained by the employer.
 1. The nurse must work under the direction of an appropriate Licensed Independent Provider, LIP who is responsible for prescribing the medications.
 2. The agency has identified medications allowed for deep sedation of intubated/mechanically ventilated patients, preferably by an interdisciplinary committee including nurses.
 3. Pre-sedation assessment is performed by the RN.
 4. Continuous hemodynamic monitoring, including patient's oxygenation, blood pressure, ventilation and cardiac rate and rhythm are maintained and documented.
 5. Provisions for maintaining/suctioning the airway and resuscitation are available.
- B. Only RN's with all of the following criteria are permitted to administer medication for deep sedation:
 1. Current certification and documentation of Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) or additional education that is equivalent, suitable to the age of the patient, is on file with the employer.

2. Documented supervised clinical practice and competency prior to unsupervised administration of deep sedation medication.
- C. The registered nurse has the right and the responsibility to REFUSE to administer any medication(s) when in the professional judgment of the registered nurse, the medication or combination of medications, the dosages prescribed, or frequency of administration may place the patient at risk for complication.

II. COURSE OF INSTRUCTION

The nurse administering medications for deep sedation must possess the knowledge of and demonstrate competency in applying the following in practice:

- A. Anatomy and physiology of the respiratory and central nervous system.
Physiology of the four levels of sedation and anesthesia; including minimal sedation, moderate sedation, deep sedation and anesthesia with concentration on deep sedation of the intubated/mechanically ventilated patient.
- B. Indications and contraindications to deep sedation.
- C. Potential adverse reactions of deep sedation.
- D. Specific considerations, including but not limited to:
 1. Pharmacologic properties of each of the allowable drugs.
 2. Airway management.
 3. Pre-sedation assessment.
 4. Emergency management.
 5. Use of monitoring devices.
 6. Techniques of administration and termination of drugs.
 7. Assessment of level of consciousness and physiological response to the drug.
- E. Nursing care responsibilities.

III. RATIONALE

The intent of this advisory opinion is to provide clarification for RNs who may be asked to administer sedation and anesthetic pharmacological agents in order to achieve deep sedation for intubated/mechanically ventilated patients. This advisory opinion can not be construed as approval for the RN to administer an anesthetic as in A.R.S. § 32-1661.

IV. REFERENCES

American Society of Anesthesiologists, Quality Management and Departmental Management, Continuum of Depth of Sedation: Definition of General Anesthesia and levels of Sedation/Analgesia (Amended 10/2009).

American Society of Anesthesiologists Task Force on Sedation and Analgesia by Non-Anesthesiologists (2002). Practice guidelines for sedation and analgesia by non-anesthesiologists. *Anesthesiology* (96), 1004-17.

American Association of Critical Care Nurses (1998). Core Curriculum for Critical Care Nursing (5th Ed.) Philadelphia: W. B. Saunders Company.

Considerations for Policy Guidelines for Registered Nurses Engaged in the Administration of Sedation and Analgesia. American Association of Nurse Anesthetists. Revised June, 2003.

Stoelting, R. K., Pharmacology and Physiology in Anesthetic Practice (1999).
Pharmacology and Physiology in Anesthetic Practice (3rd Ed.). New York:
Lippincott Williams & Wilkins.

Standards and Intent for Sedation and Anesthesia Care of the Joint Commission.
Revisions to Anesthesia Care Standards Comprehensive Accreditation Manuals
for Hospitals, effective January 1, 2001.

Position Statement from the American Association of Nurse Anesthetists Qualified
Providers of Sedation and Analgesia, Revised Jun, 2003.