



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: 5/99, 6.99, 5/01, 07/02; 1/08
ORIGINATING COMMITTEE:
SCOPE OF PRACTICE COMMITTEE

ADVISORY OPINION DEEP SEDATION FOR 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. It may be accompanied by a partial or complete loss of protective reflexes and includes the inability to maintain a patent airway independently and respond purposefully to physical stimulation or verbal command. Cardiovascular function to be maintained.

Note: See also Conscious Sedation

It is within the Scope of Practice of a Registered Nurse to administer medications by titration to clinical response to provide deep sedation for ventilator patients in critical care settings. This may include medications classified as anesthetic agents, but are not to be administered to provide an anesthetic as in A.R.S. § 32-1661.

I. General Requirements:

A. Written Policy and Procedure is maintained by the employer.

1. Administration of medications must be on the order of a person licensed in this state to prescribe such medications.
2. Due to the increased monitoring requirements, the patient must have sufficient level of nursing care to maintain deep sedation level.
3. The agency has identified medications allowed for deep sedation of ventilator patients, preferably by an interdisciplinary committee including nurses.
4. Pre-sedation assessment is performed by the RN.
5. Continuous hemodynamic monitoring, including patient's oxygenation, blood pressure, ventilation and cardiac rate and rhythm are maintained and documented.
6. Provisions for maintaining and suctioning the airway, for administering oxygen and Cardio-pulmonary resuscitation are available.
7. Patients who receive deep sedation must be ventilated continuously on a mechanical ventilator.

B. Only RN's with all of the following criteria are permitted to administer medication for deep sedation:

1. Current certification in Basic Cardiac Life Support (BCLS).

2. Current certification in Advanced Cardiac Life Support (ACLS) or its equivalent suitable to the age of the patient.
 3. Successful completion of an instructional program (See II).
 4. Documented supervised clinical practice and competency prior to unsupervised administration of deep sedation medication.
- C. Documentation of satisfactory completion of the instruction, supervised clinical practice, Advanced Cardiac Life Support (ACLS) or its equivalent, and Basic Cardiac Life Support (BCLS) is on file with the employer.
- D. 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 is to include, but not be limited to:
- 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 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.

References

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.

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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.