



## 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: CONSCIOUS SEDATION FOR  
DIAGNOSTIC AND THERAPEUTIC  
PROCEDURES**

**APPROVED DATE: 7/90**

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**1/03, 6/03, 5/08**

**ORIGINATING COMMITTEE:**

**SCOPE OF PRACTICE COMMITTEE**

### ADVISORY OPINION

### CONSCIOUS SEDATION FOR DIAGNOSTIC AND THERAPEUTIC PROCEDURES

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

Conscious sedation: a medically controlled state of depressed consciousness, induced to allow the patient to tolerate procedures, that (1) allows protective reflexes and cardiovascular function to be maintained; (2) retains the patient's ability to maintain a patent airway independently and continuously; and (3) permits appropriate response by the patient to tactile stimulation or verbal command, e.g., "open your eyes".

It is within the Scope of Practice of a Registered Nurse to administer medications\* to provide conscious sedation for the purposes of diagnostic or therapeutic procedures. To provide conscious sedation, the following criteria must be met:

#### I. General Requirements

A. A written policy and procedure is maintained by the employer.

1. Administration of medications must be ordered by a provider licensed in this state to prescribe such medications. The licensed provider responsible for the treatment of the patient and/or prescription of drugs for sedation must be competent to use such techniques, to provide the level of monitoring provided in these requirements, and to manage complications of these techniques. The licensed provider responsible for the treatment of the patient and/or prescription of drugs for sedation must be present in the department from the time the medication is initiated through the completion of the procedure, and must be readily available in the facility to assume care of the patient during the post-procedure period.
2. The employer has identified medications allowed for conscious sedation, preferably by an interdisciplinary committee, including nurses.
3. A pre-sedation health assessment must be performed for each patient by a licensed provider and the administering registered nurse to determine that the patient is an appropriate candidate for conscious sedation. The health assessment should include, but is not limited to, age and weight, health history, focused physical examination including vital signs, auscultation of the heart and lungs, evaluation of the airway, physical status evaluation, and any necessary pre-procedure laboratory testing. Each patient is reevaluated immediately prior to conscious sedation.
4. Monitoring of the patient's electrocardiogram, oxygenation, blood pressure, and ventilation are maintained throughout the procedure and recovery.

5. For patients who receive IV medications, patent intravenous access is maintained from the beginning of IV medication administration until the patient meets discharge criteria. For patients receiving oral sedative medication for conscious sedation, an open IV line is optional.
6. The licensed provider who uses sedation and the administering registered nurse must have immediately available the facilities, personnel, and equipment to manage emergency situations. Provisions for maintaining and suctioning the airway, for administering oxygen and cardio-pulmonary resuscitation are available. A protocol for access to back-up emergency services shall be clearly identified, with an outline of the procedures necessary for immediate use. For non-hospital facilities, an emergency assist system and ready access to ambulance service should be established.
7. During induction and administration of conscious sedation, the registered nurse responsible for monitoring the patient's airway and level of consciousness may not leave the patient unattended or engage in other tasks that compromise continuous monitoring.
8. There shall be sufficient numbers of personnel to do the procedure and monitor the patient.
9. While the registered nurse who administers intravenous sedation is acting on a specific medical order for a specific client, the registered nurse has the right and obligation to refuse to administer and/or continue to administer medication(s) in amounts that may induce anesthesia and/or loss of consciousness.
10. The practice setting or facility must have in place an educational and credentialing mechanism which includes a process for evaluating and documenting the registered nurse's demonstration of the knowledge, skills, and abilities related to the management of patients receiving procedural sedation. Evaluation and documentation of ongoing competency should occur on an annual basis.

- B. The registered nurse administering the medication and/or monitoring the patient receiving the medication shall have successfully completed an instructional program and supervised clinical practice, and shall have documented evidence of course completion in Advanced Cardiac Life Support, Pediatric Advanced Life Support, Neonatal Resuscitation Program or a substantially equivalent educational program.
- C. Documentation of satisfactory completion of the instructional program, supervised clinical practice, current competency, and ACLS/PALS/NRP or equivalent program is on file with the employer.

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.
- B. Indications and contraindications to conscious sedation.
- C. Potential adverse reactions of conscious sedation.
- D. Specific considerations, including but not limited to:
  1. Pharmacologic properties including pharmacokinetics, pharmacodynamics and dosing parameters for each drug or combinations of drugs which the registered nurse may administer for procedural sedation.
  2. Airway management to include oxygen delivery, transport, and uptake, and an understanding of oxygen delivery devices.
  3. Emergency management and resuscitation.
  4. Use of monitoring devices such as oximetry, end tidal capnography.

5. Mechanism of action and use of appropriate reversal agents.
  6. Assessment of level of consciousness and physiological response to the drug.
  7. Cardiac arrhythmia recognition.
- E. Nursing care responsibilities, including but not limited to, assessment, monitoring, and documentation.

### III. Rationale

A Registered Nurse who has obtained additional training in the realm of conscious sedation and has been deemed clinically competent in the area of conscious sedation by employer and has a current record of annual competency on file with the employer is able to provide conscious sedation for diagnostic and therapeutic procedures to patients in which the Registered Nurse is deemed sedation competent for.

\*Medications may include those classified as anesthetic agents, but are not to be administered to provide anesthesia as in A.R.S. § 32-1661, except as provided in the Anesthetic Agents Administered by Registered Nurses for Limited Purposes: Airway Management or Peripheral Nerve Block Advisory Opinion, or to provide deep sedation except as provided in the Deep Sedation Advisory Opinion.

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