



Arizona State Board of Nursing

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**OPINION: DEEP SEDATION FOR
VENTILATED PATIENTS**
DATE APPROVED: 9/96
REVISED DATE: 5/01, 07/02; 1/08, 3/11, 9/14
ORIGINATING COMMITTEE:
SCOPE OF PRACTICE COMMITTEE

Within the Scope of Practice of X RN LPN

ADVISORY OPINION DEEP SEDATION FOR MECHANICALLY VENTILATED PATIENTS

DEFINITION

For the purpose of this advisory opinion, Deep Sedation/Analgesia is a drug-induced depression of consciousness during, which patient cannot be easily aroused but responds purposefully, following 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.

*Reflex withdrawal from a painful stimulus is NOT considered 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, by bolus, intermittent dose, or continuous infusion, and titrate medications to clinical response for the purpose of providing deep sedation for intubated/mechanically ventilated patients. This may include medications classified as anesthetic agents, but may not be construed as approval for the RN to administer an anesthetic as described 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 Practitioner, (LIP) who is responsible for prescribing the medications within applicable legal and policy constraints. Current research literature as well as regulatory standards highly recommend that the medication order contains parameters for titration to a specified level of sedation using a validated sedation scale or monitoring device, and that the need for concurrent pain management also be assessed by the prescriber.

2. The employer has identified medications allowed for deep sedation of intubated/mechanically ventilated patients, preferably by an interdisciplinary committee including nurses.
 3. RN provides and documents continuous monitoring, including oxygenation, blood pressure, respiratory/ ventilator rate, and cardiac rate and rhythm Non-invasive blood pressure may be intermittently obtained via cuff.
 4. Equipment necessary for maintaining/suctioning the airway and resuscitation are available.
- B. Only RNs meeting the following criteria may administer medication for deep sedation of the intubated/mechanically ventilated patient:
1. Documentation of Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS) or Neonatal Resuscitation Program (NRP) certification or additional education that is equivalent, and suitable to the age of the patient, is on file with the employer
 2. Documentation of supervised clinical practice and competence prior to unsupervised administration and titration of medication for deep sedation in the intubated/mechanically ventilated patient is maintained the purpose of by the employer/facility/agency.

II. COURSE OF INSTRUCTION

The nurse must possess the knowledge of and demonstrate competence in the application of the following into practice:

- A. Anatomy and physiology of the respiratory system including principles of oxygen delivery, transport and uptake.
- B. Physiology of the four levels of sedation; including minimal sedation, moderate sedation, deep sedation and anesthesia with emphasis on deep sedation of the intubated/mechanically ventilated patient.
- C. Indications and contraindications to deep sedation, including potential adverse consequences of over or under sedation.
- D. Potential adverse consequences of deep sedation.
- E. Pharmacology of drugs used for sedation, including drug implementation and discontinuation, action, onset, peak, duration, side effects, contraindications, reversal agents, and untoward effects.
- F. Required nursing interventions in the event of complication or untoward outcomes.
- G. Ability to assess the overall status of the patient in relation to the practice of deep sedation.
- H. Use of specialized monitoring devices or sedations scales if utilized.

I. Instruction in mechanical ventilation including mode of ventilation.

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 to provide deep sedation for intubated/mechanically ventilated patients. This advisory opinion cannot be construed as approval for the RN to administer an anesthetic as described in A.R.S. § 32-1661.

IV. REFERENCES

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