



## 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: MODERATE SEDATION/ANALGESIA FOR DIAGNOSTIC AND THERAPEUTIC PROCEDURES

APPROVED DATE: 7/90

REVISED DATE: 7/91, 4/96, 10/97, 2/01, 3/01, 6/01,  
1/03, 6/03, 5/08, 3/12, 1/16

ORIGINATING COMMITTEE:

SCOPE OF PRACTICE COMMITTEE

Within the Scope of Practice of  RN  LPN

### ADVISORY OPINION MODERATE SEDATION/ANALGESIA

It is within the Scope of Practice of a Registered Nurse (RN) to administer medications to provide moderate sedation/analgesia for the purposes of diagnostic or therapeutic procedures.

Moderate Sedation/Analgesia (“conscious sedation”) is defined as “a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, 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. -Centers for Medicare and Medicaid Services (CMS) consistent with American Society of Anesthesiologist (ASA) guidelines, does not define moderate or conscious sedation as anesthesia” (CMS, 2011).

It should be noted that sedation exists along a continuum, and RNs who administer moderate sedation/analgesia must be qualified to provide rescue support to patients who proceed to a deeper level of sedation.

#### I. GENERAL REQUIREMENT

A. A written policy and procedure is maintained by the employer. The following general requirements should be addressed in the policy and procedure

1. The healthcare facility shall have in place an educational mechanism which includes a process for evaluating and documenting the individual’s competence relating to the management of patients receiving sedation and analgesia. Evaluation and documentation should occur on a periodic basis and must be maintained on file with the employer.
2. Guidelines for patient monitoring and drug administration and protocols for managing potential complications or emergency situations, developed in accordance with accepted standards of sedation practice, are available.
3. The employer has convened an interdisciplinary team, which includes nurses, to identify and approve medications to be used for moderate sedation, based on the age of the patient.
4. A pre-sedation assessment and collaborative sedation plan must be performed for each patient by a licensed provider and the administering RN to determine that the patient is an appropriate candidate

5. A qualified anesthesia professional or licensed independent provider selects and orders the agents to achieve sedation and analgesia.
  6. The licensed independent provider, properly credentialed to order moderate sedation, must be present in the department from the time the medication is initiated through the completion of the procedure. A qualified professional capable of managing complications must be readily available in the facility during the post-procedure period and must remain in the facility until the patient is stable.
  7. The registered nurse administering medications and monitoring the patient receiving sedation and analgesia shall have no other responsibilities during the procedure.
  8. Venous access shall be maintained for all patients having moderate sedation/analgesia.
  9. Supplemental oxygen shall be available for any patient receiving sedation and analgesia, and when appropriate in the post-procedure period.
  10. 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 should be recorded at least every five minutes.
  11. Documentation and monitoring of adequate ventilation using continuous capnography is highly recommended, if available. Values should be recorded at least every five minutes.
  12. Emergency equipment necessary to perform advanced cardiopulmonary resuscitation specific to the population served must be immediately accessible in every location where moderate sedation/analgesia is administered and staff caring for the patient are certified in advanced cardiopulmonary resuscitation specific to the age of the patient.
  13. A qualified professional authorized under facility guidelines to discharge the patient remains in the facility to discharge the patient in accordance with established criteria of the facility.
  14. The RN has the right and obligation to refuse to administer and/or continue to administer medication(s) in amounts/frequency that may induce deep sedation or anesthesia.
- Adapted from: American Association of Nurse Anesthetists (2013).

## II. COURSE OF INSTRUCTION

1. Indications for and contraindications to the use of moderate sedation.
2. The four levels of sedation: minimal sedation, moderate sedation/analgesia, deep sedation/analgesia, and anesthesia.
3. Anatomy, physiology, pharmacology, cardiac arrhythmia recognition, and complications related to sedation and analgesia medications.
4. Patient care requirements before and during the administration of moderate sedation/analgesia, including the recovery phase.
5. Principles of oxygen delivery, transport and uptake, and respiratory physiology, as well as the use of oxygen delivery devices and continuous capnography monitoring, if available.
6. Complications of moderate sedation/analgesia for each type of agent being administered, and administration of reversal agents.
7. Intervention in the event of complications and institution of appropriate interventions in compliance with orders or facility protocols.
8. Sedation monitoring using a valid sedation scale (e.g. Richmond Agitation Sedation Scale).
9. Certification in advanced cardiopulmonary resuscitation specific to the population served i.e. ACLS/PALS.
10. Assessment of recovery progress prior to discharge from recovery area.
11. Moderate sedation/analgesia education to patients and families.

Adapted from: American Association of Nurse Anesthetists (2013).

### III. RATIONALE

The intent of this advisory opinion is to define moderate sedation/analgesia and the RN role in administering pharmacological agents to produce moderate sedation during diagnostic or therapeutic procedures. The advisory opinion is provided to assist the RN in understanding the necessary facility, monitoring, knowledge, and clinical competency requirements to safely perform moderate sedation/analgesia.

### IV. REFERENCES

- Adams, L., Butas, S., & Spurlock, D. (2015). Capnography (ETCO<sub>2</sub>), respiratory depression, and nursing interventions in moderately sedated adults undergoing transesophageal echocardiography (TEE). *Journal of PeriAnesthesia Nursing* 30(1), 14-22.
- Alaska Board of Nursing. (2013). Registered nurse administration of sedating and anesthetic agents. Retrieved from <http://commerce.state.ak.us/dnn/portals/5/pub/nur1809.pdf>
- American Association of Moderate Sedation Nurses. (2014). Certified sedation registered nurse (SRN) scope of practice. Retrieved from <http://aamsn.org/resources/pdfs/sedation-related-pdfs/registered-nurse-csrn-scope-of-practice>
- American Association of Nurse Anesthetists. (2013). Registered nurses engaged in the administration of sedation and analgesia. Retrieved from <http://www.aana.com/resources/2/professionalpractice/Pages/Registered-Nurses-Engaged-in-the-Administration-of-Sedation-and-Analgesia.aspx>
- American Society of Anesthesiologists. (2011). Standards for basic anesthetic monitoring. Retrieved from <https://www.asahq.org/resources/standards-and-guidelines/search?q=capnography>
- Centers for Medicare & Medicaid Services. (2011). Revised appendix A. Interpretive guidelines for hospitals. Retrieved from <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R74SOMA.pdf>
- Conway, A. Rolley, J., Page, K., & Fullbrook, P. (2013). Clinical practice guidelines for nurse-administered procedural sedation and analgesia in the cardiac catheterization laboratory: a modified Delphi study. *Journal of Advanced Nursing*, 70(5), 1040-1053.
- Department of Health and Human Services. Nebraska Board of Nursing Advisory Opinion. (2013). Analgesia & moderate sedation. Retrieved from <http://dhhs.ne.gov/publichealth/Licensure/Documents/AnalgesiaAndModerateSedation.pdf>
- O'Malley, P. & Polling, L. (2015). Finding a way through the sedation labyrinth: is it conscious, moderate, deep, or procedural sedation? Emerging evidence for CNS practice. *Clinical Nurse Specialist*, 29(1), 12-18.
- Society of Gastroenterology Nurses. (2013). Position statement: statement on the use of sedation and analgesia in the gastrointestinal endoscopy setting. Retrieved from [http://www.sгна.org/Portals/0/Sedation\\_2013%20-FINAL.pdf](http://www.sгна.org/Portals/0/Sedation_2013%20-FINAL.pdf)