

OKLAHOMA BOARD OF NURSING
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Moderate (Conscious) Sedation Guidelines for Registered Nurse
Managing and Monitoring Patients

I. Definition

- A. Administration of the agents to achieve moderate (conscious) sedation which are selected and ordered by any person authorized by state law to so prescribe. Administration includes preparing and handing a medication to a patient for self-administration and the introduction of a medication via any route into a body system at any point during a moderate (conscious) sedation event.
- B. Moderate (Conscious) sedation is a medically controlled state of depressed consciousness in which the patient has the ability to retain protective airway reflexes, to independently and continuously maintain a patent airway, and to respond to age-appropriate physical and verbal stimuli. Routes of administration of moderate (conscious) sedation drugs include but are not limited to IV, oral (including lollipops), nasal inhalation, or per rectum. Moderate (conscious) sedation does not apply to the control of pain, sleep, or sedation of patients on ventilators or to the administration of pre-operative medications.
Those patients whose only response is reflex withdrawal from a painful stimulus are sedated to a greater degree than encompassed by moderate (conscious) sedation/analgesia (AANA). Deep sedation is 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. These guidelines do not apply to deep sedation.
- C. Management of the patient is the use of the nursing process to deliver and direct comprehensive nursing care during a procedure in a practice setting.
- D. Monitoring is clinical observation that is individualized to patient needs based on data obtained from pre-procedure patient assessments. The objective of monitoring patients who receive moderate (conscious) sedation is to improve patient outcomes. Monitoring includes the use of mechanical devices and direct observation.

II. Qualifications

- A. The registered nurse is authorized by institutional policy to administer, manage and/or monitor moderate (conscious) sedation of patients for short-term therapeutic, diagnostic or surgical procedures.

- B. The registered nurse managing and monitoring moderate (conscious) sedation shall evidence competency in the management and monitoring of moderate (conscious) sedation.
- C. The registered nurse managing and monitoring the care of patients receiving moderate (conscious) sedation:
 1. has training beyond basic nursing preparation in the administration of moderate (conscious) sedation;
 2. demonstrates the acquired knowledge of anatomy, physiology, pharmacology, cardiac arrhythmia recognition, medications and complications related to moderate (conscious) sedation;
 3. assesses the total patient care requirements before and during the administration of moderate (conscious) sedation, and in the recovery phase;
 4. understands the principles of oxygen delivery, transport and uptake, respiratory physiology, and the use of oxygen delivery services;
 5. recognizes potential complications of moderate (conscious) sedation for each type of agent being administered;
 6. has the ability to assess and intervene based upon orders or institutional protocols, in the event of complications;
 7. demonstrates competency in airway management and resuscitation (such as ACLS or PALS) appropriate to the age of the patient.

III. Administration, Management and/or Monitoring by Registered Nurses

- A. The following resources and information must be available to the registered nurse administering, managing and/or monitoring moderate (conscious) sedation in the facility in which the moderate (conscious) sedation is administered:
 1. Guidelines for patient monitoring, drug administration and protocols for dealing with potential complications or emergency situations, developed in accordance with accepted standards;
 2. A policy defining the criteria for venous access for all patients receiving moderate (conscious) sedation;
 3. A policy addressing frequency of 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.
- B. The agents to achieve moderate (conscious) sedation are selected and ordered by any person authorized by state law to so prescribe.
- C. The registered nurse administering, managing and/or monitoring moderate (conscious) sedation shall have no other responsibilities during the procedure that would leave the patient unattended or compromise continuous monitoring.
- D. An emergency cart must be immediately accessible to every location where moderate (conscious) sedation is administered. This cart must include emergency resuscitative drugs, airway and ventilatory adjunct equipment, defibrillator, and a source for administration of 100% oxygen.

- E. A positive pressure breathing device, oxygen, suction, and appropriate airways must be placed in each room where moderate (conscious) sedation is administered.
- F. Supplemental oxygen shall be available for any patient receiving moderate (conscious) sedation during the post-procedure period.
- G. Qualified professionals who are experts in airway management, emergency intubation and advanced cardiopulmonary resuscitation are present in the facility and remain in the facility until the patient is stable.
- H. Moderate (conscious) sedation may not be started until an adequate number of staff with demonstrated competency in the administration, management and/or monitoring of the patient with moderate (conscious) sedation is available.
- I. A licensed nurse who is not a Certified Registered Nurse Anesthetist may not administer or monitor any and all drugs used in general anesthesia or moderate (conscious) sedation if the drug manufacturer's general warning advises the drug should be administered and monitored by persons experienced in the use of general anesthesia who are not involved in the conduct of the surgical and/or diagnostic procedure.

IV. Regulatory Authority

Title 59 O.S. §567.3a.2 & 3

V. References

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