

Practice Update

The Center for Professional Development & Practice

11.19.2013

Procedural Sedation

Safe Sedation Screening and Pre-Assessment

All nurses preparing patients for a sedated procedure, including use of minimal sedation medications and Nitrous Oxide, must perform a procedural sedation pre-assessment. The Procedural Sedation Pre-Assessment Powerform assists you in capturing the following information needed by the sedation team to assess for risk and ensure proper personnel and equipment is available:

- Review of Health History for risks
- Gestational age
- Pregnancy status
- NPO Status
- ASA/Airway classification

The **Procedural Sedation Pre-Assessment Powerform** has been slightly modified to better capture needed information. Key points to remember about sedation pre-assessment:

- All sections of the Procedural Sedation Pre-Assessment Powerform must be completed (exception- pre-sedation phone call section for inpatient and ED areas)
- The nurse preparing the patient for procedural sedation starts the pre-assessment and completes all of the above assessments, pre-procedure verification and starts education as appropriate.
- The nurse performing the sedation reviews all previously entered information and completes all sections of the powerform.
- Remember to complete the pre-procedure verification, sedation education, documentation of dual signature medication check, and equipment used.

In addition the following needs to be captured in the *IView Procedural Sedation Band*:

- Assessment of clinical status just prior to giving the first sedation medication via reassessment of vital signs or focused assessment.
- Document return to baseline post procedure at the bottom of the procedural sedation band.

See the following highlights to the Procedural Sedation Pre-Assessment Powerform.

For questions, contact your clinical educator or member of the Process Team, or Janet Logid, CPDP.

Procedural Sedation Pre-Assessment Form changes effective 11/19/2013

Pregnancy, prematurity and Safe Patient Handling have been grouped together into "Screenings" and include a trigger question:



Identifying provision of sedation education made clearer: The topic of sedation, pre and post has been added to the topics to select in the education band.

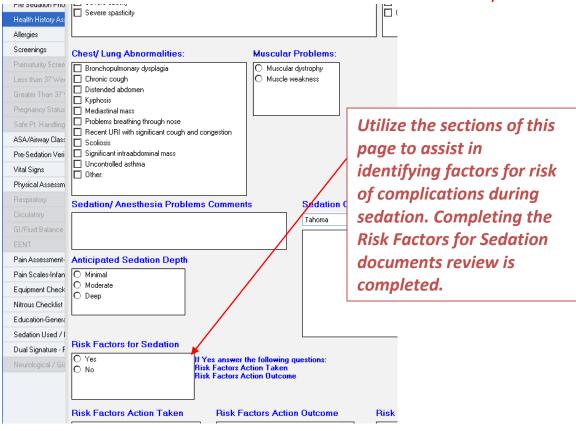
Pain Assessment-	Entering mor	e than 8 topic	s per row may	affect the disp	lay of the topic	es in the plan	outcome section	n and the pow	verform history areas.
Pain Scales-Infan	Education	Education	Individuals	Barriers to	Teaching	Education	Teaching	F/U	Comment
Equipment Check	Topice General	Need Assessed	Taught	Learning	Method	Materials Given	Eval General	Education Needed	
Nitrous Checklist	<mullialpha></mullialpha>	<multialpha></multialpha>	<multialpha></multialpha>	<multialpha></multialpha>	<multalpha></multalpha>		<alpha></alpha>	<multialpha></multialpha>	
Education-Genera	<mullialpha></mullialpha>	<multialpha></multialpha>	<multialpha></multialpha>	<multialpha></multialpha>	<multalpha></multalpha>		<alpha></alpha>	<multialpha></multialpha>	
Sedation Used / I	<								>
Dual Signature - F									
Neurclogical / Gla									
☐ -*Reason ☐ Rehabilita ☐ Restraint, ☐ Safe Patie ☐ Safe Slee ☐ Safety pra	, actices Pre and Pos grity	e/Transfer Jes acessary		patient sedatio band w	. You co n educo	an capt ation in e Proce	nt educa ure both this the edural Se m.	n pre & educa	post tion

Documentation Reminders:

Pre-sedation verification, assuring an adult is available to accompany patient home at discharge, and return to baseline need to be documented for every patient!

	Duality Hergin		BSA:	
∗ Safe Pt. Handling			bon.	
ASA/Airway Class	Height	cm		
Pre-Sedation Veri			Pre-proced	ure verification:
Vital Signs	BSA		complete h	oth sections.
Physical Assessm	NPO Status		idelines- Please see se	oth sections.
Respiratory			requirements for minimal sedation urs Solid	
Circulatory	Solids **/**/****	🗘 🖌 🗧 - 8 Hor		
GI/Fluid Balance	Formula/Milk **/**/****	🗘 🔽 🚺 🗘 - 6 hour:	s formula/non-human uid - feeding preparations	
EENT	Breast Milk **/**/***		s breastmilk	
Pain Assessment-		• • • • • • • • • • • • • • • • • • •		
Pain Scales-Infan	Clears **/**/***	🗘 🖌 🚺 🗘 - 3 hour	clear liquid	
Equipment Check	Pre-Sedation Verification			
Nitrous Checklist	ID Band on and correct patien	t verified using two ident	ifiers Verify correct procedure(s), si	ida, and cita using evailable
Education-Genera	O Yes O No		History & physical Physician o	
Sedation Used / I			Patient/family inquiry Procedure	
Dual Signature - F	Is the patient being discharge			
Neurological / Gla	individual that accepts respo			
	O Yes O No	O N/A (inpatient)	<u> </u>	
			Assure adult is	s available at
			discharge prio	r to the procedure

Risk Factors Identified: mark this box to validate review of history.



Document when the patient's vital signs and clinical status has returned to pre-sedation baseline.

Temp Axillary Temp Oral Temp Temporal Apical Heart Rate HR via Monitor HR via Pulse Ox RR BR via Monitor	DegC DegC DegC bpm bpm br/min br/min		Return to baseline for all levels of sedation is documented in the Procedural Sedation Band
Systolic BP/Diastolic BP	mm Hg	- 7	
⊿ Oxygen Therapy			
O2 Concentration	%		
O2 Saturation	%		
Probe site changed			
Pulse Oximeter site change co	mments		
O2 Flow Rate	L/min		
O2 Therapy			
Comments-Oxygen Therapy			
⊿ ETCO2			
End Tidal CO2 Method			
End Tidal CO2 Result	mm Hg		
Sedation Level / Score		1	
Modified Ramsey Scale		•	
Returned to Baseline	Υ.	'es	
Comments-Sedation - Level / S	icore		
4 Endstion Accorcompt			