Position Statement

94-1

Administration of IV Moderate Sedation by the Registered Nurse

The Arkansas State Board of Nursing has determined that it is within the scope of practice of a registered professional nurse to administer pharmacologic agents via the intravenous route to produce moderate sedation. Consistent with state law, the attending physician or a qualified provider must order the drugs, dosages, and concentrations of medications to be administered to the patient. Optimal anesthesia care is best provided by qualified anesthesiologists and certified registered nurse anesthetists. However, the Board recognizes that the demand in the practice setting necessitates non-CRNA registered nurses providing IV moderate sedation. A registered nurse may not administer medications that should be administered only by persons trained in the administration of general anesthesia. However, the administration of these medications for moderate sedation for comfort care in the final hours of life or for sedation of intubated critically ill patients is not prohibited.

As with all areas of nursing practice, the registered nurse must apply the Nurse Practice Act and Rules to the specific practice setting, and must utilize good professional judgment in determining whether to engage in a given patient-care related activity.

Employing facilities should have policies and procedures to guide the registered nurse. The Arkansas State Board of Nursing has adopted the attached guidelines.

Adopted November, 1994
Revised September 17, 2009
Revised September 12, 2014
Position Statement on the Rule of the Registered Nurse (RN) in the Management of Patients Receiving IV Moderate Sedation for Short-Term Therapeutic, Diagnostic, or Surgical Procedures

Position Statement 94-1 Guidelines

A. Definition of Moderate Sedation.

The American Society of Anesthesiologists (ASA) defines the various levels of sedation and anesthesia that are now incorporated into this statement. (ASA Statement on Granting Privileges for Administration of Moderate Sedation to Practitioners Who are Not Anesthesia Professionals, Approved by ASA House of Delegates on October 25, 2005, and amended on October 19, 2011).

“Moderate Sedation/Analgesia” is 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. Also, note that Procedural Sedation involves the use of sedative and analgesic agents to reduce the anxiety and pain suffered by patients during procedures (American College of Emergency Physicians [ACEP] Policy Statement, Sedation in the Emergency Department, Approved by the ACEP Board January 13, 2011).

“Deep Sedation/Analgesia” is a drug-induced depression of consciousness during which patients cannot be easily aroused but respond 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.

Rescue of a patient from a deeper level of sedation than intended is an intervention by a practitioner proficient in anesthesia care proficient in airway management and trained in advanced life support. The qualified anesthesia practitioner corrects adverse physiologic consequences of the deeper-than intended level of sedation (such as hypoventilation, hypoxia and hypotension) and returns the patient to the originally intended level of sedation.

“General Anesthesia” is a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

B. Position Statement 94-1 Guidelines for Management and Monitoring

It is within the scope of practice of a registered nurse to manage the care of patients receiving IV moderate sedation during therapeutic, diagnostic, or surgical procedures provided the following criteria are met:

1. Administration of IV moderate sedation medications by non-anesthetist RNs is allowed by state laws and institutional policy, procedures, and protocol.
2. A qualified anesthesia provider or attending physician selects and orders the medications to achieve IV moderate sedation.
3. Guidelines for patient monitoring, drug administration, and protocols for dealing with potential complications or emergency situations are available and have been developed in accordance with accepted standards of anesthesia practice.

4. The registered nurse managing the care of the patient receiving IV moderate sedation shall have no other responsibilities that would leave the patient unattended or compromise continuous monitoring.

5. The registered nurse managing the care of the patient receiving IV moderate sedation is able to:
   a. Demonstrate the acquired knowledge of anatomy, physiology, pharmacology, cardiac dysrhythmia recognition and complications related to IV moderate sedation and medications.
   b. Assess total patient care requirements during IV moderate sedation and recovery. Physiologic measurements should include, but not be limited to, respiratory rate, oxygen saturation, blood pressure, cardiac rate and rhythm, and patient's level of consciousness.
   c. Understand the principles of oxygen delivery, respiratory physiology, transport and uptake, and demonstrate the ability to use oxygen delivery devices.
   d. Anticipate and recognize potential complications of IV moderate sedation in relation to the type of medication being administered.
   e. Possess the requisite knowledge and skills to assess, identify and intervene in the event of complications or undesired outcomes and to institute nursing interventions in compliance with orders (including standing orders) or institutional protocols or guidelines.
   f. Demonstrate skill in airway management resuscitation.
   g. Demonstrate knowledge of the legal ramifications of administering IV moderate sedation and/or monitoring patients receiving IV moderate sedation, including the RN’s responsibility and liability in the event of an untoward reaction or life threatening complication.

6. The institution or practice setting has in place an education/competency validation mechanism that includes a process for evaluating and documenting the individual’s demonstration of the knowledge, skills, and abilities related to the management of patients receiving IV moderate sedation. Evaluation and documentation of competence occurs on a periodic basis according to institutional policy.

C. Additional Guidelines

1. Intravenous access must be continuously maintained in the patient receiving IV moderate sedation.

2. All patients receiving IV moderate sedation will be continuously monitored throughout the procedure as well as the recovery phase by physiologic measurements including, but not limited to, respiratory rate, oxygen saturation, blood pressure, cardiac rate and rhythm, and patient’s level of consciousness.

3. Supplemental oxygen will be immediately available to all patients receiving IV moderate sedation and administered per order (including standing orders).

4. An emergency cart with a defibrillator must be immediately accessible to every location where IV moderate sedation is administered. Suction and a positive pressure breathing device, oxygen, and appropriate airways must be in each room where IV moderate sedation is administered.
5. Provisions must be in place for back-up personnel who are experts in airway management, emergency intubation, and advanced cardiopulmonary resuscitation if complications arise.

Endorsed by:
American Association of Critical-Care Nurses
American Association of Neuroscience Nurses
American Association of Nurse Anesthetists
American Association of Spinal Cord Injury Nurses
American Association of Occupational Health Nurses
American Nephrology Nurses Association
American Nurses Association
American Radiological Nurses Association
American Society of Pain Management Nurses
American Society of Plastic and Reconstructive Surgical Nurses
American Society of Post Anesthesia Nurses
American Urological Association, Allied
Association of Operating Room Nurses
Association of Pediatric Oncology Nurses
Association of Rehabilitation Nurses
Dermatology Nurses Association
NAACOG, The Organization for Obstetric, Gynecologic, and Neonatal Nurses
National Association of Orthopaedic Nurses
National Flight Nurses Association
National Student Nurses Association
Nurse Consultants Association, Inc.
Nurses Organization of Veterans Affairs
Nursing Pain Association
References


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