

Vermont Board of Nursing
Position Statement

**THE SCOPE OF PRACTICE FOR THE REGISTERED NURSE
(non-Certified Registered Nurse Anesthetist)
IN THE ADMINISTRATION AND MONITORING
OF MODERATE SEDATION FOR PROCEDURES
POSITION STATEMENT**

Question:

What is the role of the Registered Nurse in the administration and monitoring of Moderate sedation for patient procedures?

Definitions:

Moderate sedation, as described by the American Society of Anesthesiologists, is produced by the administration of pharmacological agents to provide a tranquil state permitting cooperation and tolerance of diagnostic and therapeutic medical procedures. A patient under **Moderate Sedation** has a depressed level of consciousness but retains the ability to independently and continuously maintain a patent airway and to respond appropriately to physical stimulation and/or verbal command.

According to the American Society of Anesthesiologists the following describes the four levels of anesthesia:

Minimal sedation: Also known as anxiolysis. A drug-induced state during which the patient responds normally to verbal commands. Cognitive function and coordination may be impaired. Ventilatory and cardiovascular functions are unaffected.

Moderate sedation/analgesia (conscious sedation): A drug-induced depression of consciousness during which the patient responds purposefully to verbal command, either alone or accompanied by light tactile stimulation. No interventions are necessary to maintain a patent airway. Spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

Deep sedation/analgesia: A drug-induced depression of consciousness during which the patient cannot be easily aroused, but responds purposefully* following repeated or painful stimulation. Independent ventilatory function may be impaired. The patient may require assistance to maintain a patent airway. Spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

General anesthesia: A drug-induced loss of consciousness during which the patient is not arousable, even to painful stimuli. The ability to maintain independent ventilatory function is often impaired. Assistance is often required in maintaining a patent airway. Positive pressure ventilation may be required due to depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

* Reflex withdrawal from a painful stimulus is NOT considered a purposeful response.

Background:

- Nursing practice has evolved to provide for registered nurses (non-CRNA) with skilled training to administer and monitor patients under procedural **Moderate Sedation**, which may occasionally progress to Deep Sedation for a short period of time.
- The Vermont State Board of Nursing does not maintain a listing of specific medications acceptable for administration by registered nurses (non-CRNA). When administering any medication, the nurse should be knowledgeable of and comply with acceptable state and federal laws, rules, regulations and guidelines pertaining to the medications utilized for sedation. These include but are not limited

to: the U.S. Food and Drug Administration (FDA), U.S. Drug Enforcement Administration (DEA), the Pharmaceutical manufacturer's guidelines and recommendation for personnel administering the medication, and the Vermont State Board of Nursing position statements.

- The healthcare institution, in conjunction with a multi-disciplinary healthcare team, is responsible for determining which levels of departmental personnel are appropriate to administer **non-anesthetic agents** for the sole purpose of **Moderate Sedation**. Medications with primary roles as **anesthetics agents**, such as Propofol, Ketamine, Etomidate, Methohexital, and Thiopental, administered for the purpose of Moderate Sedation present specific safety concerns in the hands of non-CRNAs and may not be appropriate agents for administration by the registered nurse (non-CRNA). These agents should be administered by skilled, trained anesthesia providers.

Position Statement which Reflects the Nurse's Roles and Responsibilities:

It is within the scope of practice for a registered nurse (non-CRNA, certified registered nurse anesthetist) to administer **non-anesthetic** medications and to monitor patients in a state of **Moderate Sedation** as defined by the American Society of Anesthesiologists. The registered nurse (non-CRNA) must be specifically trained with demonstrated knowledge, skills, and ability in the clinical settings in which the nurse will practice.

It is **not** within the registered nurse's (non-CRNA) scope of practice to administer an **anesthetic agent** for any level of sedation as described by the American Society of Anesthesiologists. It is also **not** within the scope of practice for the registered nurse (non-CRNA) to administer medications for the purpose of deep sedation or general anesthesia.

- This position statement applies for the purpose of procedural **Moderate Sedation** administered by the registered nurse (non-CRNA). It **does not** apply to the administration of pharmacological agents by the registered nurse (non-CRNA) practicing in an acute care setting where the patient may require emergent intubation, is intubated, requires mechanical ventilator breathing support, and/or is being continuously hemodynamically monitored. (See Vermont State Board of Nursing position statement on the administration of Propofol in critical care setting).

Clinical Nursing Administration, Management and Monitoring:

The Vermont State Board of Nursing believes that in order to be responsive to the needs and safeguard the life and health of patients, registered nurses must be accountable and responsible for Moderate Sedation. **Moderate Sedation** care will be delivered in such a manner to ensure that the patient will receive safe and effective nursing care management.

It is within the scope of practice of a registered nurse (non-CRNA) to administer non-anesthetic medications for **Moderate Sedation**. The registered nurse (non-CRNA) will manage and monitor the care of patients receiving **Moderate Sedation** during therapeutic, diagnostic or surgical procedures provided that certain criteria are met.

1. The health care facility will have in place an education and training mechanism for the registered nurse (non-CRNA) to demonstrate clinical competency for the practice of **Moderate Sedation**. The registered nurse (non-CRNA) shall have documented education beyond the basic nursing education, and annually demonstrated competency to include:

Medication Competency:

- A. Knowledge of anatomy, physiology, pharmacology, medication dosing titration, cardiac arrhythmia recognition and complications related to **Moderate Sedation** and medications.
- B. Knowledge of the **Moderate Sedation** medication reversal agents, their dosing and the physiological effects.
- C. Ability to anticipate and recognize potential complications of **moderate sedation** in relationship to the type of medication being administered, and demonstrate appropriate

interventions in compliance with standards of practice, emergency protocols and guidelines.

Physiological Knowledge Competency:

- A. Knowledge and skills to perform and evaluate pre- procedure baseline, intra procedure, and post procedure clinical assessment of the patient undergoing **Moderate Sedation**.
- B. Ability to assess total patient care requirements during **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. Ability to recognize the potential physiological complications of each type of medication being administered.
- D. Knowledge and skills to assess and intervene in the event of complications or undesired outcomes and the ability to institute nursing interventions in compliance with orders (including standing orders) or institutional protocols or guidelines.
- E. Knowledge of age-specific considerations and co-morbidities in regard to assessment parameters, potential complications, and appropriate intervention according to institutional protocols and guidelines.

Airway Management Competency:

- A. Knowledge of the principles of oxygen delivery, respiratory physiology, transport and uptake, and the ability to use oxygen delivery devices. This would include rescuing a patient that may progress to deep sedation and beyond.
- B. Skill in airway management resuscitation, i.e. opening airway, head tilt, chin lift, use of bag valve mask device, oral and nasal airway establishment in emergency situational procedures.

Professional Accountability Competency:

- A. Knowledge of the legal ramifications of administering moderate sedation and/or monitoring patients receiving **Moderate Sedation**, including the RN's responsibility and liability in the event of an untoward reaction or life-threatening complications.
- B. Understanding of concepts relating to Advanced Cardiac Life Support (ACLS).
- C. Application of principles of accurate documentation in providing a comprehensive description of patient responses and outcomes. The current recommendation for documentation of patient under continuous **Moderate Sedation monitoring** is every 5 minutes.
- D. Knowledge of State law and institutional policy regarding the registered nurse (non-CRNA) administration of agents for Moderate Sedation.

2. The RN managing the care of patients receiving **Moderate Sedation** has no other responsibilities that would compromise continuous monitoring.
3. A qualified anesthetist provider or physician selects and orders the medications to achieve **Moderate Sedation** before, during and after the planned procedure.
4. Guidelines for patient monitoring, drug administration, and dealing with potential complications or emergency situations are available and have been developed in accordance with recognized and accepted standards of anesthesia practice.
5. Provisions are in place for the **immediate availability** of personnel who are experts in airway management, emergency intubation and advanced CPR, if complications arise.
6. While the registered nurse (non-CRNA) who administers sedation is acting on a specific medical order for a specific client, the registered nurse has the right and obligation to refuse to administer and/or continue to administer medication(s) to clients with significant medical conditions or amounts that may induce deep sedation and/or loss of consciousness.

Health Care Facility Administration, Management, Monitoring and Key Practice Elements for Moderate Sedation:

Health Care facility policy and plan for Registered Nurse (non-CRNA) sedation practice shall include:

- The health care facility will have in place an education and training mechanism for the registered nurse (non-CRNA) to demonstrate clinical competency for the practice of **Moderate Sedation**. Review and reaffirmation of the registered nurse competency to manage patients receiving **Moderate Sedation** shall occur and shall be documented annually.
- The healthcare facility must determine which medications are appropriate for the nurse to safely administer, based on the nurse's education, competency, current standards of practice, clinical resources, quality assurance monitoring, and the facility's policies and procedures.
- While the provider performing the procedure may possess the necessary knowledge, skill set and abilities to rescue the patient from Deep sedation and General Anesthesia, it is not prudent to presume they will be able to leave the surgical site or abandon the procedure to assist in rescuing the patient under **Moderate Sedation** care.

References/Citations:

1. Kost, Michael. **Moderate Sedation/Analgesia**. 2nd edition, February 2004
2. American Society of Anesthesiologists. **Guidelines for Sedation and Analgesia by Non Anesthesiologists**. (2002)
3. American Association of Critical Care Nurses (AACN). (2002). **Sedation Guideline**. Retrieved 7/12/11 at <http://www.aacn.org>

Date of Initial acceptance: **June 2005**

Revised: July 2011

Revised (Date)

Revised (Date)

Reviewed (Date)

This opinion is subject to change as changes in nursing practice occur.