



Section: 400 - Care of the Patient

Subject: Adult Procedural Sedation / Analgesia Procedure

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I. Purpose

Establish standards for the administration and monitoring of moderate sedation for non-emergent therapeutic and diagnostic procedures and insure compliance with federal and state regulations.

II. Definitions

“Moderate sedation” (conscious sedation) means a drug-induced depression of consciousness during which patients respond purposefully to verbal commands or light tactile stimulation. No intervention is required to maintain a patent airway and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

III. Scope

1. This policy applies to all healthcare practitioners with the exception of Anesthesiologists, EM faculty, CRNAs, Anesthesia Assistants, and trainees working under the Department of Anesthesiology and oral surgeons licensed in the State of Florida.
2. This policy does not apply to patients receiving mechanical ventilation or palliative care. (Refer to JHS Policy No. 400.072 - Adult Continuous Sedation and JHS Policy No. 400.016.3 - Palliative Care Sedation/Analgesia Protocol)



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Levels of Sedation

LEVEL	I-Minimal/ Anxiolysis	II-Moderate/ Conscious Sedation	III-Deep Sedation	IV-General Anesthesia
Response to Stimuli	Normal to verbal	Purposeful to verbal or tactile	Purposeful to repeated verbal or to pain	Unresponsive to pain
Airway	Normal	No required Intervention	May require Intervention	Often requires intervention
Breathing	Normal	Adequate	May require Assistance	Often requires intervention
Cardiovascular	Normal	Usually normal	Usually normal	May be impaired

3. The administration of *minimal* sedation is allowed in any patient care area under the orders and care of a licensed practitioner with privileges to order medications in their practice within the Jackson Health System. *Moderate* sedation (level II) may only be administered by credentialed qualified personnel (as delineated in this policy) in the following patient care areas:

Patient Care Areas

- | | |
|--|---|
| <ul style="list-style-type: none"> ▪ Critical Care ▪ Radiology-Special Procedure ▪ CardiacCathSuite | <ul style="list-style-type: none"> ▪ Emergency Department ▪ Pulmonary/Bronchoscopy ▪ Dental Clinic ▪ GI Station |
|--|---|

All areas where moderate sedation occurs will have available equipment for emergency resuscitation including a crash cart with defibrillator, an age-appropriate intubation tray and access to activate the center's emergency alert or code blue in needed cases.

IV. Procedure

A. Personnel Requirements for Administering Moderate Sedation

1. All personnel ordering, administering and/or monitoring sedation will maintain his/her knowledge, skills and competence.
2. Qualifications for the **ordering, administering, or monitoring** of medications for sedation-analgesia requires:
 - a. Florida Licensure as physician, dentist, oral surgeon, RN, ARNP or registered Florida Resident physician.
 - i. **KEYPOINT:** Only licensed and privileged physicians or dentists can order sedation-analgesia.
 - b. Current ACLS certification.
 - c. Knowledge of the Jackson Health System sedation policy.
 - d. Completion of the on-line Sedation-Analgesia Certification Course including the American Society of Anesthesiologists (ASA) video course.



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- e. Attending physicians must have conscious sedation privileges requested and approved by the appropriate service chief as part of their delineation of privileges in their credentialing file.
 - f. RN and ARNP completion of the Adult Sedation/Analgesia Competency for Diagnostic and Therapeutic Procedures.
3. Recertification for the **ordering, administering** of medications and **monitoring** the patient during sedation-analgesia requires:
 - a. Biennial Recertification via the Sedation Course including ASA video.
 - b. Physician, dentist, and oral surgeon completion of at least 10 sedation procedures over 2 years, as documented in the Pre Anesthesia Evaluation section of EHR or Pre and Post Procedure Sedation/Analgesia Form #C-424Sp during downtime.
 - c. RN and ARNP completion of the Adult Sedation/Analgesia Competency for Diagnostic and Therapeutic Procedures.
 4. A licensed credentialed physician or dentist privileged to perform moderate sedation is responsible for the ordering and administration of procedural sedation/analgesia. He/she cannot administer medications and monitor the patient while performing the procedure.
 5. The Initial Sedation-Analgesia Certification Course and Biennial Re-certification Course are administered on the Jackson Education Network (JEN) located on the JHS intranet. For those without access to JEN an electronic version is available at jhsmiami.org/learning/.
 6. There will also be an ongoing audit of procedures and reporting of complications with appropriate peer review conducted by physicians, dentists, or RNs/ARNPs as appropriate to the provider involved.
- B. Equipment Requirements
1. All areas where level II/III sedation is administered must have the following age and size appropriate equipment:
 - a. A bag-valve-mask device with oxygen delivery system.
 - b. A continuous suction system.
 - c. Airway management equipment
 - d. Pulse oximeter, non-invasive blood pressure device, end tidal CO2 monitoring, and EKG monitor.
 - e. Emergency resuscitation cart with defibrillator.
 - f. Reversal agents, such as naloxone and flumazenil.
- C. Procedures for Level II Sedation
1. Pre-Sedation Patient Assessment
 - a. The physician or dentist privileged to perform moderate sedation must conduct a pre-sedation/analgesia evaluation, including History and Physical, airway assessment and sedation plan or concur in writing, prior to the start of the procedure, with the pre-sedation/analgesia evaluation and plan documented by the resident/fellow physician.
 - b. The following will be completed prior to sedating the patient:
 - i. Informed consent for the planned procedure, including risks, benefits and alternatives for sedation.
 - ii. A history and physical as per Pre Anesthesia Evaluation **or** Pre and Post Procedure Sedation/Analgesia Form C- 424Sp during downtime.



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- (1) In the cardiac cath lab this is performed on the Cardiac Catheterization Report Form 236B.
- iii. Review electronic health record (EHR) and assess if patient is already receiving opioids or benzodiazepines, last dose given, to avoid compounding and synergistic effects.
- c. Special care must be exercised in the cases below. Consultation with an anesthesiologist is suggested for the following cases:
- i. Morbidly obese or patients with history of severe snoring or obstructive sleep apnea
 - ii. An ASA III or higher risk classification: severe renal, hepatic, pulmonary, cardiovascular or central nervous system disease
 - iii. Prior adverse response to sedation or anesthesia
 - iv. Known gastroesophageal reflux disease
 - v. Pregnant patients
 - vi. Airway exam with signs of difficult management
- d. **The patient must be reassessed immediately before beginning procedure/sedation (analgesia)** by the physician or dentist privileged to perform moderate sedation.
- i. Documentation of the immediate reassessment must be included in the note by the physician or dentist privileged to perform moderate sedation.
- e. Additionally, the electronic health record (Moderate Sedation Band) or Sedation/ Analgesia Monitoring Record C-410E during downtime, must be completed pre, intra and post procedure.
- i. The following must be documented:
 - (1) A pre-sedation set of vital signs (including: blood pressure, heart rate, respiratory rate, SpO₂ on room air and temperature) must be obtained and documented together with pertinent lab results.
 - (2) A pre-procedure Post-Anesthesia Recovery (PAR) score must be obtained for comparison at end of procedure and at discharge (see Addendum III).
 - (3) A statement of NPO status.
 - (4) If the patient is a woman of childbearing age, a negative urinary pregnancy test must be noted within the prior 10 days or a Jackson Health System refusal form signed by the consenting individual must be obtained and placed in the chart.
- f. In cases where patient is receiving multiple procedures requiring sedation, the initial pre-sedation assessment is sufficient as long as an attending note indicates no change in the patient's clinical status that would alter the outcome of the sedation and the procedure.
- g. All patients must have a functional IV in place at all times until discharge criteria are met.

D. Intra-Procedure

1. Medication Ordering and Administration



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- a. All medications administered will be ordered by the responsible physician, dentist, or oral surgeon with sedation privileges.
 - i. Orders will indicate medication, dose, route and rate if administered as an infusion.
 - b. The person administering sedation and monitoring the patient will have no other responsibilities.
2. Monitoring and Documentation
- a. The patient will be under continuous monitoring of EKG, pulse oximetry (SpO₂), end tidal CO₂, non-invasive blood pressure (BP) and alarms must be on and alarm ranges set appropriately.
 - i. Document in EHR.
 - ii. Refer to Sedation/Analgesia Monitoring Record #C-410E during downtime.
 - b. A licensed health provider qualified with Jackson Health System for the monitoring of sedation will continuously assess respiratory adequacy and rate (RR) and level of patient responsiveness (documented as I-IV, as defined in the above table).
 - i. This will be documented on the Sedation/Analgesia Monitoring Record (in EHR), together with HR and rhythm, BP, ETCO₂, and SpO₂ every 5 minutes throughout the procedure.
 - ii. The level of oxygen therapy via nasal cannula or mask will also be documented.
 - c. In the case of decreased level of consciousness, respiratory depression, SpO₂ less than 90% or a fall of 10% or greater despite mask supplemental oxygen, or if BP falls out of 30% below or above baseline the below described **rescue procedure** is initiated.
 - i. Care must be taken in the positioning of the patient as, given decreased responses due to sedation, peripheral neurological injury may occur.
 - ii. During the procedure the qualified sedation personnel will document the medications administered with time, dose and method of administration-PO/IV/IM).
 - d. Medications available for the practice of sedation include sedatives and/or narcotics (see Addendum IV). Initial attempts to sedate should use slow incremental doses of only one drug with enough time for effect.
 - i. If more than one agent is used for sedation, lower doses should be given as they generally act synergistically.
 - e. Routine use of reversal agents is not recommended as they have their own side effects and complications.
 - i. However, if reversal agents are administered, the patient must remain monitored for cardiorespiratory depression until the effects of the reversal agents dissipate, i.e., at least 4 hours to assure the patient will not become re-sedated.
 - f. **The IV administration of FDA classified general anesthetics such as propofol, ketamine, methohexital, and etomidate are not permitted for minimal or moderate sedation as rapid onset of unconsciousness may result in general anesthesia.**
 - i. **Keypoint:** Refer to Addendum V for Procedural Level III Sedation by Non-Anesthesiologists by Emergency Department Attendings in ED.



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E. Post-Sedation

1. **Post Procedure/Sedation Note must be completed immediately after procedure in EHR.**
 - a. Use Pre and Post Procedure Sedation/Analgesia Form C-424Sp during downtime.
2. All hospital areas that practice sedation must have a post-procedure recovery area which may be a procedure room (with all equipment and monitoring as stated above immediately available) for patients until discharge criteria are met.
 - a. An immediate post-procedure PAR score will be documented as baseline of the recovery period. (See Addendum III)
3. The patient will remain on continuous monitoring and supplemental oxygen therapy.
 - a. Sedation personnel will continue documentation of SpO₂, HR and rhythm, BP, RR and level of consciousness every 15 minutes until discharge criteria are met (refer to Discharge Criteria on page 7).
 - b. Level of supplemental oxygen therapy is weaned as tolerated and documented.

F. Rescue Procedure for Respiratory Compromise

1. From initiation of sedation-analgesia until discharge criteria are met, the credentialed sedation-analgesia provider must be vigilant to detect potentially critical occurrences.
 - a. These include
 - i. Loss of protective reflexes
 - ii. Decreased level of consciousness
 - iii. Lack of patient purposeful response to repeated verbal stimuli or to pain (deep sedation)
 - iv. Unstable vital signs (BP is more than 30% below or above baseline)
 - v. Respiratory depression SpO₂ below 90% or a fall of more than 10% despite supplemental O₂) in which case the qualified sedation personnel monitoring will do the following:
 - (1) Stimulate the patient
 - (2) Stay with patient and halt the procedure (if in progress)
 - (3) Call for help, Notify responsible attending physician immediately
 - (4) Initiate BLS and ACLS as needed
 - (5) Consider administration of reversal agents
 - (6) Return to documentation of every 5 minutes vital signs
 - (7) Activate the center's code blue system or notify anesthesia services for assistance, as required

G. Discharge Criteria

1. Patient may be discharged from a monitored setting when all the following criteria are met:
 - a. Patient is easily awakened by normal verbal commands and is appropriately oriented.
 - b. No risk of losing protective reflexes.
 - c. All vital signs are stable and back to pre-sedation baseline.
 - d. PAR score of 9-10 or equivalent to pre-sedation is achieved.
 - e. No supplemental oxygen is required to achieve a SpO₂ of 95% or patient achieves baseline SpO₂.
2. Outpatients must be able to tolerate po intake and ambulate independently or at pre-procedure status.



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3. All outpatients must be accompanied on discharge by a responsible adult and have a ride home
 - i. Only an attending physician order can override this requirement.
4. Give verbal and written discharge instructions to patient and adult responsible for patient.
 - a. Document education and patient's understanding of instructions.
5. A "patient discharge to floor or home" order is required by an attending physician or dentist to discontinue monitored care.
6. Any case requiring unexpected hospital admission or upgrade to a special monitoring unit (i.e., PARU, ICU, step-down) requires documentation of events and subsequent plan by the responsible attending.
7. This increased level of needed care must be documented in Quantros as an incident report.
 - a. File an incident report in Quantros for the following events:
 - i. ANY use of a Reversal Agent
 - ii. ANY patient requiring Assisted Ventilation (Bag Breathing)
 - iii. ANY patient requiring intubation
 - iv. ANY cardiac or respiratory arrest
 - v. ANY new cardiac dysrhythmias
 - vi. ANY seizure event
 - vii. ANY allergic/anaphylactic reaction
 - viii. ANY desaturation of O₂ below 90% sustained for over 5 minutes
 - ix. ANY variation of VS by 30% from baseline
 - x. ANY failure to return to baseline VS or PAR score
 - xi. New onset of intractable nausea or vomiting
 - xii. ANY case with unplanned admission to a monitored unit or a hospital setting resulting from sedation.
 - xiii. ANY case wherein review is thought to be beneficial

V. References

JHS Policy No. 400.072 - Adult Continuous Sedation

JHS Policy No. 400.016.3 - Palliative Care Sedation/Analgesia Protocol

Centers for Medicare and Medicaid Services. (2009, December 11). *Hospital interpretive guidelines: Policy templates and implementation forms*. CMS 482.52, 482.52 (a), (b), and (c).

Continuum Depth of Sedation: Definition of General Anesthesia and Levels of Sedation/ Analgesia. ASA House of Delegates on 10/13/99 and last amended 10/29/09. www.asahq.org

Distinguishing Monitored Anesthesia Care ("Mac") From Moderate Sedation/Analgesia (Conscious Sedation). ASA House of Delegates on 10/27/2004 and last amended on 10/21/2009.

Practice Guidelines for Sedation and Analgesia by Non-Anesthesiologist. An updated Report by the American Society of Anesthesiologists Task Force on Sedation and Analgesia by Non-Anesthesiologists. *Anesthesiology*. 2002;96:1004-1017.



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Sample Policy and Procedure Statements. *ASA JCAHO Compliance Toolkit*. www.asahq.org Standards For Basic Anesthetic Monitoring, Committee Standards and Practice Parameters, American Society of Anesthesiologists, approved by House of Delegates with effective date July 1, 2011.

Statement on Granting Privileges for Administration of Moderate Sedation to Practitioners who are not Anesthesia Professionals. ASA House of Delegates on 10/25/05 and last amended 10/19/11.

The Joint Commission. (2016, January 1). Operative or other high-risk procedures, including those that require administration of moderate or deep sedation or anesthesia. *The Joint Commission Comprehensive Accreditation and Certification Manual for Hospitals*. Author.

Responsible Party: Anesthesiology Service Chief
Jackson Health System

Reviewing Committee(s): Medical Executive Committee

Authorization: President and CEO, Jackson Health System



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ADDENDUM I**Physician Sedation-Analgesia Privileges**

Name _____ Department _____

PLEASE NOTE:

- **All must be properly credentialed before they can administer sedation to adults and/or pediatric patients. If you do not have this privilege, you cannot provide sedation for diagnostic/therapeutic procedures.**
- **If requesting sedation privileges, this form must be completed at the time of original application, and renewed at each reappointment (Biennial).**
- **If you do not wish to receive sedation privileges, you do not have to complete this form.**
- Moderate Sedation (Level II)** is defined as the administration of any pharmacological agent which will likely cause a medically controlled state of depressed consciousness. Level II sedation should be limited to short periods and utilized for diagnostic and therapeutic procedures that 1) allow protective reflexes to be maintained, 2) retain the patient's ability to maintain a patent airway, respiratory rate and rhythm and 3) permit expected responses by the patient to physical stimulation and repeated verbal command. Administration of such agents, at doses not expected to cause a state of depressed consciousness, for the purpose of controlling pain or reducing anxiety, is outside the scope of this policy. Administration of such agents to ICU ventilated patients is also outside the scope of this policy.
- Deep Sedation (Level III)** is also a state of depressed consciousness as the result of drug administration in which the patient has purposeful response to repeated verbal or painful stimuli and may require airway and breathing assistance. The administration of deep sedation is solely reserved anesthesiologists, certified registered nurse anesthetists under their supervision, and oral surgeons, and for other individuals for individuals specifically credentialed by the chief of the anesthesia service.

REQUIREMENTS**Initial Privileges**

1. Completion of the computerized Sedation Course, ASA course and satisfactory completion of the pre- and post-course test.
2. Current ACLS certification or equivalent.
3. Delineation of Privileges includes procedural (moderate) sedation privileges signed off by the clinical chief.

Renewal of privileges

1. Performance of at least ten (10) adult moderate sedation procedures within the Last 2 years (please provide medical record numbers) for Physicians, Dentists, and Oral Surgeons. (except Emergency Department Physicians who must satisfy their Core Competencies requirements).
2. Current ACLS certification or equivalent.
3. Biennial completion of the computerized Sedation Course, ASA course and post-course test **within three (3) months prior to the date of reappointment.**



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Please check the appropriate box(es) for the following:

- I have reviewed the computerized sedation courses and have satisfactorily completed the post-course test **as per the instructions noted above.**
- I have submitted the medical record numbers of ten cases for which I have provided conscious sedation within the last year.

I certify that I have completed the requirements for sedation as outlined above within the last 2 years and I am requesting privileges (Physician, Dentist, or Oral Surgeon) for the administration of sedation. I understand that I must complete at least ten (10) moderate sedation procedures within the last 2 years in the population for which I am credentialed in order to maintain my privileges for performing sedation.

Signature _____ Date _____

Departmental Chair Approval

I have reviewed the requested privileges for sedation for the above named applicant and recommend credentialing based on the applicant's current licensure, training and/or experience, current competence and ability to perform the requested privilege.

Department Chairman _____ Date _____



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ADDENDUM II

ASA PHYSICAL STATUS CLASSIFICATION

- I. There is no organic, physiological, biochemical, or psychiatric disturbance (i.e., totally healthy).
- II. Mild to moderate systematic disturbance caused either by the condition to be treated or by other pathophysiologic processes (e.g., HTN, DM).
- III. Severe systematic disturbance or disease from whatever cause, even though it may not be possible to define the degree of disability (e.g., CAD).
- IV. Indicative of the patient with severe disorder already life-threatening, not always correctable by the operative procedure (e.g., unstable angina, ongoing myocardial ischemia, recent heart attack, uncompensated congestive heart failure, recent or evolving stroke, acute bronchospasm, etc.).
- V. The moribund patient who has little chance of survival but is submitted to operation in desperation.



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ADDENDUM III**POST ANESTHESIA RECOVERY SCORE (PAR SCORE)**

The PAR score is a numerical scoring system, which assists in the documentation of easily observed signs of physical and physiological recovery from sedation/analgesia/anesthesia.

A PAR score must be documented pre-procedure, post-procedure and on discharge.

<u>Parameter</u>	<u>Points</u>	<u>Definition of Point Score</u>
Activity	2	Able to move all extremities voluntarily on command
	1	Able to move 2 or more extremities voluntarily or on command
	0	Able to move 0 extremities voluntarily or on command
Respiration	2	Able to breathe deep and cough freely
	1	Dyspnea or limited breathing
	0	Apnea
Circulation	2	BP +/- 20% of pre-anesthetic level
	1	BP +/- 20 to 50% of pre-anesthetic level
	0	BP +/- 50% of pre-anesthetic level
Consciousness	2	Fully Awake
	1	Patient arouses on calling
	0	Not responsive
Color	2	Pink
	1	Pale/Dusky/Blotchy/Jaundice/Other
	0	Cyanotic

Total PAR Score:



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ADDENDUM IV**APPROVED MEDICATIONS FOR SEDATION**

Opioid analgesics: All doses titrate to effect. Decrease doses 25% with concomitant benzodiazepines			
Drug	Adult Dosing	Onset/Duration	Comments
Morphine sulfate	IV: 1-2 mg increments Max 15mg (cumulative dose)	Onset: 5-10 min Peak: 20 min Duration: 2-5 hours	<ul style="list-style-type: none"> Assess for respiratory depression Assess for hypotension, more so if hypovolemic May cause delirium and dysphoria Assess for nausea & vomiting and pruritus Avoid in renal insufficiency
Meperidine	IV: 10 mg increments Max 50 mg	Onset: 3-5 min Peak: 10-15 min Duration: 2-3 hours	<ul style="list-style-type: none"> Assess for respiratory depression Assess for hypotension, especially if hypovolemic Reduce dose in renal failure patients, toxicity includes seizures Assess for nausea & vomiting. May cause more N/V than morphine May cause dysphoria and delirium Do not use with tricyclic antidepressants and phenothiazides Avoid in renal insufficiency
Fentanyl	IV: 0.5 microgram/kg Increments Max: 2 microgram/kg	Onset: 1-3 min Peak: 3-5 min Duration: 30-60 min	<ul style="list-style-type: none"> Rapid IV infusion can cause chest wall rigidity Assess for respiratory depression and bradycardia May cause pruritus and urinary retention Assess for hypotension, especially if hypovolemic Assess for nausea and vomiting
Sedatives			
Drug	Adult Dosing	Onset/Duration	Comments
Midazolam	IV: 1-2 mg until desired effect is achieved. Max single dose: 5 mg Max cumulative dose: 10 mg	Onset: 1-5 min IV PEAK EFFECT 3-5 min IV Recovery 30-40 min IV Total recovery 6 hr Duration: 30-80 min	<ul style="list-style-type: none"> Synergistic action with narcotics Retrograde and anterograde amnesia Reduce dose in elderly, debilitated, and patients with compromised renal function Rarely results in patient agitation and myoclonic activity Does not irritate veins Dilution to 1 mg/mL is suggested for accurate dosing
Reversal agents: monitor patients at least 4 hrs after administration			
Drug	Adult Dosing	Onset/Duration	Comments
Naloxone	IV: 0.1 to 0.2 mg slow and titrate to response	Onset: 1-2 min Duration: 30 min when given IV	<ul style="list-style-type: none"> "Reverses" opiates only Rapid administration can produce nausea, sweating, hypertension, and dysrhythmias May cause pulmonary edema, MI, and seizures Contraindicated in drug abusers or chronic pain patients who regularly take narcotics Reversal effect may not out last narcotic effect. Consider repeat dosing.
Flumazenil	IV: Initial 0.2 mg, may repeat 4 times q60 sec Max: 1 mg May repeat treatment regimens at 20 min intervals with max 1 mg/dose and 3 mg/hour	Onset: 1-2 min Peak in 6-8 min Duration: 30-60 min	<ul style="list-style-type: none"> "Reverses" benzodiazepines. no effect on opiates May cause seizures, cardiac arrhythmias and death Causes anxiety, dizziness, sweating and emotional liability Reversal effect may not out last sedative. Monitor for one hour after reversal. Resedation may occur requiring additional doses Question administration to patients who take benzodiazepines regularly.. may cause seizures in these patients



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ADDENDUM V**PROCEDURAL LEVEL III SEDATION BY NON-ANESTHESIOLOGISTS BY EMERGENCY DEPARTMENT ATTENDING IN THE ED**

The administration of deep (level III) procedural sedation and/or the administration of FDA classified general anesthetics such as Propofol, Ketamine, Thiopental, Methohexital, and Etomidate for procedural Level III sedation by non-Anesthesiologists may be practiced by Emergency Department Attendings in the ED:

1. who have met criteria for Moderate Sedation as outlined in the Policy;
2. who have received approval for initial credentialing for deep sedation, including endotracheal intubation if required for rescue, by the Chief of Service of Emergency Medicine of JMH, and who may first be asked to provide cases from previous work experience and/or proof of requisite GME training (i.e. - approved EM training) prior to such approval;
3. who have had confirmed for re-credentialing that they have performed procedural deep sedation (Level III) at least 15 times in the preceding 2 year period and have continued approval from the Chief of Service; This requirement does not apply to Emergency Department Physicians who have completed an Emergency Medicine Residency Program and satisfy the requirement through their Core Competencies.
4. and who have received approval by the Chief of Anesthesia or his designee through the formal credentialing process for initial or renewed credentialing.

The administration of General Anesthesia (level IV) may only be provided by properly credentialed anesthesiologists and oral surgeons/dentists.

Medications to achieve deep sedation (level III) may only be ordered by an Emergency Department Attending credentialed to provide level III sedation.

Administration and monitoring of level III sedation may only be performed in the Emergency Department and only by an Emergency Department Attending credentialed to provide level III sedation for orthopedic reductions, complex laceration/wound repair, I & D of abscesses, placement of chest tubes, cardioversion, external pacing, and diagnostic lumbar puncture.

The Chief of Service of Emergency Medicine of JMH will submit quarterly reports and QA analysis of all deep sedation cases performed to the Chief of Anesthesia for review.