LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
- SHREVEPORT

DEEP SEDATION/ANESTHESIA CARE

Purpose:
To establish guidelines for care of the patient as related to deep sedation/anesthesia care, including pre-anesthesia assessment.

Definitions

Deep Sedation - 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.

Anesthesia - Consists of general anesthesia and spinal or major regional anesthesia. It does not include local anesthesia. 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.

Operative/other invasive procedures - are those procedures involving puncture or incision of the skin or insertions of an instrument or foreign material into the body, including but not limited to percutaneous aspirations and biopsies, cardiac and vascular catheterizations, endoscopies, angioplasties, and implantation, excluding venipuncture, intravenous therapy, and injection of radiographic contrast media.

Policy:

A. Staff competency/qualifications

1. Deep sedation and anesthesia are provided by qualified individuals.

2. Qualified individuals are trained in professional standards and techniques:
   a. to administer pharmacological agents to predictably achieve desired levels of sedation, and
   b. to monitor patients carefully in order to maintain them at the desired level of sedation.

3. Individuals administering deep sedation and anesthesia are qualified and have the appropriate credentials to manage patients at whatever level of sedation or anesthesia is achieved, either intentionally or unintentionally.
4. Included in the qualifications of individuals providing deep sedation and anesthesia are competency-based education, training, and experience in:

a. Evaluating patients prior to performing deep sedation and Anesthesia; and

b. Performing the deep sedation and anesthesia to include methods and techniques required to rescue those who unavoidably unintentionally slip into a deeper-than-desired level of sedation or analgesia. Specifically:

1). Practitioners who have appropriate credentials and are permitted to administer deep sedation are qualified to rescue patients from general anesthesia.

2). Practitioners intending to induce deep sedation are competent to manage an unstable cardiovascular system as well as a compromised airway and inadequate oxygenation and ventilation.

B. Staffing:
Sufficient numbers of qualified personnel (in addition to the licensed independent practitioner performing the procedure) are present during procedures using deep sedation and anesthesia to:

1. appropriately evaluate the patient prior to beginning deep sedation or anesthesia,

2. provide the deep sedation or anesthesia,

3. perform the procedure

4. monitor the patient, and

5. recover and discharge the patient either from the post-sedation or post-anesthesia recovery area or from the organization.

C. Equipment and monitoring

Appropriate equipment for care and resuscitation is available for monitoring vital signs.

1. Heart rate and oxygenation are continuously monitored by pulse oximetry.

2. Respiratory frequency and adequacy of pulmonary ventilation are continually monitored.

3. Blood pressure is measured at regular intervals.

4. Continuous EKG monitoring is required on all patients.

D. A pre-anesthesia assessment, as documented on the Anesthesia Preoperative Record, is performed prior to beginning deep sedation and before anesthesia induction. This preanesthesia
assessment is completed in all settings where operative and other invasive procedures are performed and anesthesia, as defined by above, is administered.

E. This assessment includes:

1. data gathered through patient interview.
2. pertinent physical examination.
3. review of pertinent diagnostic data.

F. Documented observations will include:

1. history of previous anesthetics (including adverse family history)
2. drug allergies
3. medications, currently or recently in use
4. tobacco, drug and alcohol usage
5. dental or airway anomalies
6. presence of any intercurrent disease processes capable of affecting anesthesia.

G. After completion of a comprehensive physical exam and review of the patient’s medical and social history, an ASA risk classification will be assigned and an Anesthetic Plan formulated. These steps can be carried out by any qualified Anesthesia Provider, with guidance provided by Staff Anesthesiologist, the Charge Anesthesiologist or a Staff Physician, as necessary. Patient's sedation or anesthesia care needs are communicated among providers assigned to the case.

H. Prior to sedation of the patient, deep sedation/anesthesia risks and alternative methods will be discussed with the patient. If the patient declines such risk information, this will be noted on the Anesthesia Preoperative Record.

I. Immediately before starting the anesthesia, the patient is re-evaluated by a licensed independent Anesthesia practitioner, who makes the determination that the patient is a suitable candidate to undergo the planned anesthetic.

J. Prior to administration of anesthesia, appropriate monitors are applied and continuous physiological monitoring is performed. The anesthetic is administered and an Anesthesia Record is maintained indicating the dosages of all drugs and agents, the type and amount of fluids, blood/blood products, all pertinent anesthetic interventions and their results, and any other events of importance.
K. At the end of the case, the patient is taken to an appropriate recovery area for care. (Note: TB patients are recovered in the OR.) The patient’s status is assessed and the care is transferred to appropriately trained personnel.

L. Patients shall be discharged from the recovery area by a licensed, independent practitioner, or when they meet criteria which have been approved by the medical staff. This discharge criterion is based upon the Aldrete Scoring System. Patients may be discharged with a score of 8 – 10 unless pre-operative condition precludes this. Any deviation from criteria shall be documented and the physician notified for written order. The post operative documentation shall contain the name of the LIP responsible for the discharge.

M. Outcomes of patients undergoing deep sedation and anesthesia are collected and analyzed in the aggregate in order to identify opportunities to improve care.