

## Sedation Self Education Package

There are many policies, guidelines and documents that relate to the provision of sedation for the purpose of diagnostic and interventional medical or surgical procedures on patients outside of the Operating Theatre environment. The aims of this package are to ensure that you are aware

of:

- your responsibilities;
- drugs used for sedation and their effects;
- monitoring requirements;
- emergency procedures;
- infection control and OH&S practices;
- patient assessment and documentation.

to provide you with information that will help guide your practice to ensure that your standard of patient care meets the requirements for safe administration of sedation.

Some areas that are required to be covered by this package include: Infection control

- Occupational health and safety
- Pharmacology
- Clinical measurement
- Therapeutics

The pre-requisites for this learning package include a certificate/course in Advanced Life Support and venipuncture/cannulation.

Most of the resources for this package are available online however the resources not available online are available through the Operating Suite. This package should be given to you by your NUM and completed within 1 month or as negotiated with your NUM. Once completed it can be sent to ?? for marking.

## Assessment

On completion of the directed learning package you must be assessed using the competency at the end of the package.

An assessor can be a nursing staff member who has completed Cert IV Workplace Assessment & Training, a Clinical Nurse Educator from Anaesthetics/Recovery, a Clinical Nurse Specialist from your unit who has experience in assessing staff and is familiar with the competency.

If you have previous knowledge and experience in administering sedation under supervision, it may not be necessary for you to complete the package. You may be assessed using the competency tool only however if you are found to be not yet competent completion of the learning package would be required as well as reassessment.

There are two assessment tools one is for the administration of sedation under supervision, the other is for recovering a patient who has received sedation. The second competency would only be used in units where the person who administered the sedation to the patient is also the person who will recover the patient eg. Medical Imaging.

## Resources

ACORN Standards for Perioperative Nursing 2010,  
Australian College of Operating Room Nurses Ltd, Adelaide  
South Australia

Anderson, M. and Comrie, R., Adopting Preoperative Fasting  
Guidelines, AORN Journal, vol. 90, no. 1, July 2009

Bell, G. D. and Quine, A., Cardio-pulmonary and Sedation-  
related Complications, BSG Guidelines in Gastroenterology,  
November 2006

Drain, C.B. and Odom-Forren, J., Perianesthesia Nursing: a  
critical care approach, 2009, Saunders Elsevier, St Louis

Guidelines for the Safe Administration of Injectable Drugs in  
Anaesthesia, Australian and New Zealand College of  
Anaesthetists, Position Statement 51, 2009

Guidelines on Infection Control in Anaesthesia, Australian  
and New Zealand College of Anaesthetists, Position  
Statement 28, 2005

Guidelines on Sedation and/or Analgesia for Diagnostic and  
Interventional Medical or Surgical Procedures, Australian  
and New Zealand College of Anaesthetists, Position  
Statement 9, 2008

Infection Control Policy, NSW Health Policy Directive  
2007\_036

Medication Handling in NSW Public Hospitals, NSW Health  
Policy Directive 2007\_077

MIMS Online

[http://proxy8.use.hcn.com.au/ifmx-nsapi/mims-  
data/?MIval=2MIMS\\_ssearch](http://proxy8.use.hcn.com.au/ifmx-nsapi/mims-data/?MIval=2MIMS_ssearch) – accessible through CIAP

Natural Medicines Complementary Database  
<http://naturaldatabase.therapeuticresearch.com/home.aspx?cs=&s=ND> – accessible through CIAP

O'Donnell, J.M., Bragg, K. and Sell, S., Procedural Sedation, Nursing 2003, vol. 33, no. 4, pp. 36 - 44

Recommendations for the Perioperative Care of Patients Selected for Day Care Surgery, Australian and New Zealand College of Anaesthetists, Position Statement 15, 2006

Recommendations on Minimum Facilities for Safe Administration of Anaesthesia in Operating Suites and other Anaesthetising Locations, Australian and New Zealand College of Anaesthetists, Technical 1, 2008

Recommendations on Monitoring During Anaesthesia, Australian and New Zealand College of Anaesthetists, Position Statement 18, 2008

Statement on Local Anaesthesia and Allied Health Practitioners, Australian and New Zealand College of Anaesthetists, Position Statement 37, 2004

Workcover NSW Occupational Health and Safety Act 2000  
<http://www.workcover.nsw.gov.au/OHS/WorkCoversRoleinOHS/OHSResponsibilities/Pages/default.aspx>

## **Infection Control**

### **Readings**

Infection Control Policy NSW Health Policy Document 2007\_036,  
sections 2, 3.1, 3.2.1, 3.4, 7.7.1, appendix 1

Guidelines on Infection Control in Anaesthesia,  
Australian and New Zealand College of Anaesthetists  
Position Statement 28 (2005),  
sections 1, 2, 3, 3.1, 3.1.1, 3.2, 3.2.1, 3.3, 3.4, 4

### **Questions**

1. Define standard precautions and how they are incorporated into your practice.
2. How would your unit deal with a patient who had an MRO? What policies or procedures are in place for dealing with this?
3. What PPE are available for use in your unit?
4. Whose responsibility is it to ensure the safe management of sharps?
5. What is the procedure in case of a sharps injury in the workplace?

## Occupational Health & Safety

### Readings

<http://www.workcover.nsw.gov.au/OHS/WorkCoversRoleinOHS/OHSResponsibilities/Pages/default.aspx>

Recommendations on Minimum Facilities for Safe Administration of Anaesthesia in Operating Suites and Other Anaesthetising Locations, Australian and New Zealand College of Anaesthetists Technical 1 (2008)  
Sections 3.1.2, 3.1.5, 3.1.6, 3.1.7, 3.8.11, 3.1.9, 3.4, 4.2, 4.4

Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical or Surgical Procedures, Australian and New Zealand College of Anaesthetists, Position Statement 9, 2008  
Section 6

### Questions

1. How does the Occupational Health & Safety Act 2000 affect your work practices?
2. What equipment is required before sedation can be given?
3. What emergency equipment should be available in your unit if sedation is to be administered?
4. In the event that something goes wrong during the procedure/sedation what emergency measures are in place?
5. What skills and knowledge are required for you to safely administer sedation?

## **Clinical Measurement**

### **Readings**

Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical or Surgical Procedures, Australian and New Zealand College of Anaesthetists, Position Statement 9, 2008  
Sections 1, 2, 4

Recommendations for the Perioperative Care of Patients Selected for Day Care Surgery, Australian and New Zealand College of Anaesthetists, Position Statement 15, 2006  
Sections 1, 2, 3, 4

Recommendations on Monitoring During Anaesthesia, Australian and New Zealand College of Anaesthetists, Position Statement 18, 2008  
Sections 2.6, 3.3, 3.4, 3.5,

Anderson, M. and Comrie, R., Adopting Preoperative Fasting Guidelines, AORN Journal, vol. 90, no. 1, July 2009  
pp. 73 - 80

Bell, G. D. and Quine, A., Cardio-pulmonary and Sedation-related Complications, BSG Guidelines in Gastroenterology, November 2006, pp. 3 - 6

O'Donnell, J.M., Bragg, K. and Sell, S., Procedural Sedation, Nursing 2003, vol. 33, no. 4, pp. 36 - 44

Drain, C.B. and Odom-Forren, J., Perianesthesia Nursing: a critical care approach, 2009, Saunders Elsevier, St Louis  
Chapters 27, 30

### **Questions**

1. Patient assessment is important before the administration of sedation. What assessments are required and why are they important?

2. What are ASA Classifications and what implications do they have for the administration of sedation?
3. Is fasting required before administration of sedation, if so why and for what length of time?
4. What are the effects of prolonged fasting?
5. Describe sedation.
6. What are the potential risks of sedation?
7. What is respiratory depression and how is it managed?
8. How does capnography work and why is it useful in sedation?
9. What should be monitored during sedation and what are the normal parameters?
10. What pre-operative medical conditions and/or risk factors can cause a saturation (SaO<sub>2</sub>) of below 95%?
11. What artefacts (An **artefact** is the error or misrepresentation introduced by a technique and/or technology) can affect oxygen saturation of less than 95%?
12. Name the signs and symptoms of an upper airway obstruction and how to manage it.



13. How would you apply jaw support and what would indicate it is effective?
14. What is the most important monitoring tool (hint it is not a machine!)?
15. What are the characteristics of light and deep sedation?
16. At what level of sedation would an anaesthetist be required?

## Pharmacology

### Readings

Medication Handling in NSW Public Hospitals, NSW Health Policy Directive 2007\_077  
Sections 6.4.4.2, 6.4.4.3

Guidelines for the Safe Administration of Injectable Drugs in Anaesthesia, Australian and New Zealand College of Anaesthetists, Position Statement 51, 2009  
Sections 1, 2, 4, 5, 6, 7, 8

MIMS Online – accessible through CIAP  
[http://proxy8.use.hcn.com.au/ifmx-nsapi/mims-data/?MIval=2MIMS\\_ssearch](http://proxy8.use.hcn.com.au/ifmx-nsapi/mims-data/?MIval=2MIMS_ssearch)

O'Donnell, J.M., Bragg, K. and Sell, S., Procedural Sedation, *Nursing 2003*, vol. 33, no. 4, pp. 36 – 44

Natural Medicines Complementary Database- accessible through CIAP  
<http://naturaldatabase.therapeuticresearch.com/home.aspx?cs=&s=ND>

### Questions

1. Before giving any medication what should be considered?
2. What drugs are commonly used for sedation?
3. What are their effects on the body?
4. When are they contraindicated?
5. What are the side effects of these drugs?

6. Are there any reversal agents for the drugs used for sedation?
7. What are the effects of these drugs?
8. When are they contraindicated?
9. What considerations need to be made once either naloxone or flumazenil are given?
10. Explain the preparation of drugs for sedation
11. Outline the dosage and expected duration of drugs given for sedation.
12. Describe the effects on the patient of rapid administration of drugs for sedation
13. There are many dietary supplements/herbal preparations/complementary medicines/alternative therapies regularly used by an estimated 16 – 45% of people in Australia. These supplements can interact negatively with drugs used to induce sedation. Are there any particular herbal preparations that could interfere with the effectiveness of drugs used for sedation?
14. At the end of the case how would you dispose of any leftover schedule 8 or schedule 4 appendix D drugs or could you save them for use on another patient?

## **Professional Standards**

### **Readings**

ACORN Standards for Perioperative Nursing 2010,  
Australian College of Operating Room Nurses Ltd, Adelaide  
South Australia

Section Nursing Role 1, the anaesthetic nurse

ANMC National Competency Standards for the Registered  
Nurse, 2006

### **Questions**

1. If the patient's outcome from sedation is influenced by the competence of the nurse administering sedation, how would you define competence?
2. What is the role of the registered nurse when administering sedation?
3. In what ways can the registered nurse act as a patient advocate when administering sedation?
4. ANMC Competency Standard 3 relates to practising within an evidence based framework. Outline how you are able to meet this competency with regards to the administration of sedation.

## Case Study

You have been allocated to work with Dr. Johnson and two other nursing colleagues for a list today (endoscopy, medical imaging, cardiac cath labs) and you will be giving sedation to the patients under the supervision of the proceduralist. There are four patients on the list of varying ages, Jack Evans 62, Edwina Trotter 75, Paul Jones 40 and Alice Turner 81, but they are all having the same procedure. You have been informed that Dr. Johnson is running late by about 20 minutes and he would like the first patient on the table ready to proceed before his arrival.

What preparations have you made for the list today?

Dr. Johnson arrives and things go smoothly for the first case, however your assessment of the second patient Edwina Trotter 75, is that she should have an anaesthetic consult before proceeding further because of her past health history.

What could lead you to decide that a patient would need an anaesthetic consult, how do you document this and who do you communicate this to?

The third patient, Paul Jones 40 years, is next on the list. You have discussed with Dr. Johnson the sedation requirements for this patient and have prepared Fentanyl 100mcgs and midazolam 5mgs in an aseptic manner and labelled the syringes appropriately. Paul Jones is brought into the room and prepared for the procedure.

What monitoring, tools, and equipment is required for Paul Jones and how will they help with the administration and maintenance of sedation?

During the procedure for Paul Jones his oxygen saturation drops below 80% and he becomes unrousable.

What may have caused this to happen, what actions would you take and how is this documented?

At the completion of the procedure you and the proceduralist take Paul Jones into the recovery area and handover to the nurse.

What information will you handover to the nurse?