SUNY DOWNSTATE MEDICAL CENTER

UNIVERSITY HOSPITAL OF BROOKLYN POLICY AND PROCEDURE

					No.	PED-3
	UIDELINES FOR ADMINISTRATION F MODERATE SEDATION TO	Page	1 c	f	3	
PEDIATRIC PATIENTS		Original	Issue	Dat	e:	<u>1/07</u>
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I. PURPOSE

Specify the process for administration of moderate sedation as required for performance of invasive or diagnostic procedures on pediatric inpatients.

II. POLICY

Moderate sedation will be provided by the Department of Pediatrics for ambulatory procedures. In this setting, sedation must be arranged by the service performing the procedure.

III. DEFINITION

Moderate Sedation: The procedures and the privileging process are defined in Policy (SED-1): Sedation and Analgesia by non-Anesthesiologist.

IV. RESPONSIBILITIES

Assistant Director of Nursing ,Charge Nurse or Designee of NS 42/43 (Pediatrics) Chief Resident, Senior Resident (PL3 or equivalent) Attending Physician

V. PROCEDURES/ GUIDELINES

Inpatient Procedures

- 1. When possible, procedures should be scheduled at least 24 (preferably, one week notice for planned procedures) hrs in advance and done with the assistance of a Pediatric Intensivist or other appropriately privileged and credentialed attending physician in the PICU or other area with credentialed staffing and required monitoring and pediatric resuscitation equipment and medications available.
 - a. Elective procedures should be scheduled only for regular workday hours.
 - b. All high risk patients (ASA III or higher) must be sedated/anesthetized by an anesthesiologist. (procedure will be performed in IR)
- 2. For procedures which cannot be scheduled in advance and when patients are low risk (ASA I or II), privileged senior or Chief Residents may administer moderate sedation with appropriate staff and procedures as outlined in the Institutional policy and procedure.
 - The senior resident or Chief Resident will assure supervision determined to be either general supervision or direct supervision by a licensed physician privileged to administer moderate sedation and willing to do so under the specific circumstances for which sedation is required.
- 3. Certain services outside the Department of Pediatrics may arrange for sedation by anesthesiology (e.g. MRI) or by their own staff (e.g. Emergency Medicine).In these instances, the sedation practices and policies of that department or of anesthesiology will be followed.
- 4. For emergency procedures occurring on nights and weekends, anesthesiology will need to be consulted for unstable patients.
 - Other patients alternatively may be sedated by a senior or Chief resident as above, again ONLY after specific attending-level support has been ascertained.
- 5. Appropriately privileged and credentialed attending staff and pediatric intensivists who do not feel comfortable performing moderate sedation procedures on patients, must consult with anesthesiology.
- 6. Nursing assistance required for procedures will in general be provided by the service/unit where the procedure is performed.
 - Where this is not provided, a pediatric nurse familiar with the Institutional Moderate Sedation Policy will need to accompany the patient.
 - The staffing office will be contacted to provide a procedure RN for the procedures.

- 7. Patients will return from the Procedure area accompanied by the sedating physician.
 - a. Patients will be appropriately monitored during transport and throughout recovery in a monitored bed on NS42 in Step-down Unit or in the PICU for procedures performed there or for patients whose sedation has been complicated.
 - b. Monitoring during recovery will continue until sedation is fully reversed.

V. ATTACHMENTS

ASA Classification Guidelines for Sedation Scheduling and Pre-Sedation Preparation

VI. REFERENCES

Policy (SED-1) Sedation and Analgesia by non-Anesthesiologist.

Joint Commission Standards

Date Reviewed	Revision Required (Circle One)		Responsible Staff Name and Title				
7/07	Yes	No					
3/2010	(Yes)	No	Elizabeth Igboechi, _ Stanley Fisher				
2/10/12	(Yes)	No	Marilyn A. Resurreccion, / Director, UHB/Anesthesiology				