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# QUICK REFERENCE GUIDE

* Clinicians and seditionists carrying out procedures under sedation should be aware of and follow this policy.
* Each clinician carrying out procedures under sedation should develop and follow their own set of local guidelines in line with national guidance.

There should be a named specialty consultant and consultant anaesthetist responsible for the development, implementation and monitoring of the local sedation techniques and guidelines.

* **The named consultant is Mr. Dilip Srinivasan**
* **The lead Consultant Anaethetist is Mr. Purushothaman Sudarshan.**
* **The lead clinical sedation service manager is Mr. Gurcharanpreet Singh.**
* **The lead sedation nurse is Mrs. Elaine Simons.**
* All staff involved in administering sedation should have undergone formal training in use of sedation techniques, identification and management of the complications of those techniques.
* Sedation should be administered by a dedicated, suitably trained member of the team who is different from the clinician performing the procedure.
* Operator sedationists should only be responsible for patients undergoing defined procedures.

* Appropriate levels of monitoring defined by local guidelines should be available for all cases.

* Functioning resuscitation equipment and tilting trolleys should be available in all treatment and recovery areas wherever sedation techniques are used.

* The WHO checklist should be used in all cases where procedures are carried out.

The purpose of the document is to set out the responsibilities of all clinical staff that carry our procedures under sedation to ensure maximum patient safety undergoing such procedures.

# DEFINITIONS

# Conscious sedation

A technique in which the use of a drug or drugs produces a state of depression of the central nervous system enabling treatment to be carried out, but during which verbal contact with the patient is maintained throughout the period of sedation.

**Deep sedation**

A more profound depression of the central nervous system such that the patient is no longer able to maintain verbal contact and may not be able to protect their airway.

### Operator

A practitioner responsible for carrying out a diagnostic or therapeutic procedure

### Operator Sedationist

Someone performing a diagnostic or therapeutic procedure while administering a sedation technique on a patient.

**Sedation techniques**

Sedative drugs can be administered by inhalation, enteral (oral and sublingual) and parenteral (intra-muscular and intravenous) routes. Benzodiazepines (midazolam, diazepam), intravenous anaesthetics (propofol, ketamine) and opioids (fentanyl or pethidine) are the commonly used agents.

# Duties and responsibilities

Elements of the process may be delegated to a suitably trained and qualified professional but the ultimate responsibility for the quality of medical care lies with the Consultant responsible for the patients.

Each clinician performing procedures requiring a sedation service should nominate a consultant with explicit responsibility for establishing the practice guidelines for sedation. A consultant anaesthetist will also be nominated to assist in this process.

The nominated clinicians should liaise to discuss common issues such as: assessment, training, drug regimens, monitoring required, discharge criteria, monitoring of standards and complications as well as operational implications.

# The Process

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| **ACTION** | **RATIONALE** | **Potential Risks/Harms** | | |
| **Assessment of all patients should take place before any sedation technique is contemplated.** | Establish need for sedation.  Identify:   * risk factors * need for further investigations * contra-indications or technical difficulties of particular sedation technique. * Provide information to patient. | Unnecessary use of sedation.  Increased risk of complications of sedation techniques  Inadequate consent acquired with risk of litigation | | |
| **Appropriate sedation techniques should be used** | Some procedures are painful. Most sedative drugs do not have analgesic properties and analgesics would be more appropriate | Overdose of sedative drugs to overcome response to painful stimulus causing cardio-respiratory depression | | |
| **Operator-sedationists should only be responsible for patients undergoing defined procedures** | Operators responsible for the safe performance of a procedure cannot administer, monitor or treat the complications of sedation in a timely manner | Delayed recognition and treatment of complications of sedation by a distracted operator may result in cardiopulmonary decompensation hypoxic injury and death | | |
| **Generally only one sedative drug should be used according agreed protocols defining increments and maximum doses.** | The synergy of different types of drug significantly reduce the margin of safety between conscious sedation and general anaesthesia | The state of anaesthesia carries risk of death and require greater levels of support and intervention | | |
| **Sedative and opioid analgesic drugs should be stored and handled in line with The Practice Policy on POM Drugs** | Most of the drugs used in sedation techniques are POM and there are legal restrictions on their use and storage | Failure to comply with the Policy puts the practice at risk of prosecution under the Misuse of Drugs Act, 1971 | | |
| **Correct low concentration solutions of midazolam used** | High concentration solutions of Midazolam are reported by NPSA to have lead to inadvertent overdose with attendant complications. | Overdose of Midazolam can cause complications including respiratory depression and death. | | |
| **Sedation Lead who works with a named Consultant Anaesthetist** | The two clinicians should develop appropriate sedation regimens and ensure training for all members of the team providing sedation | Lack of appropriate safe sedation regimens for the procedures carried out in the department that all staff are familiar with.  Inadequate training of staff in administration of sedation and management of the complications | |
| **Sedationists should have formal training in sedation and should only use defined techniques that they have received training in.** | Familiarity with a technique optimizes safety. | Increased risk of complications, failure to recognise complications and inadequate treatment of them puts patients at risk. Clinicians failing in their professional responsibilities and makes Trust vulnerable to litigation | | |
| **Use of WHO Checklist** | Because of the use of sedation can obtund patients response the use of the WHO Checklist can contribute to ensuring that the correct procedure on the correct site is carried out and the team is made aware of any patient specific concerns. | Reduced risk of incorrect procedure being performed and improved patient safety | | |
| **The levels of monitoring equipment should be defined according to agreed guidelines.** | Appropriate levels of monitoring are needed for different patients with varying levels of dependency. | Risk of failure to recognise complications of sedation technique. | | |
| **Functioning resuscitation equipment, tilting dental chair should be available in treatment and recovery areas whenever sedation techniques are used.** | Resuscitation may be required at any time during or after a sedative technique is used. |  | Inadequate treatment of complications of sedation cause worse outcomes. | | |

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# Training requirements

All members of the team involved providing sedation need to have knowledge of sedation techniques and be aware of their role in the event of serious complications. Those members of the team who are sedationists need further training in the provision, monitoring and treatment of the complications of conscious sedation.

*What will that training comprise?*

* Background to local and national regulations
* Assessment of patients
* Cardio-respiratory and neurological physiology
* Clinical pharmacology
* Applied Anatomy
* Cannulation skills
* Airway management skills
* Function and limitations of monitoring equipment
* Basic and advanced life support

# References and associated documentation

1. WHO Surgical Safety Checklist. NPSA January 2009.

2. Rapid Response Report RRR011.-Reducing the risk of overdose with Midazolam injection in adults. NPSA December 2008.

3. Academy of Medical Royal Colleges - Safe Sedation Practice for Healthcare Procedures: Standards and Guidelines. October 2013

4. IACSD 2015 IS THE AGREED NATIONAL STANDARD