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CONSCIOUS SEDATION

Position Statement for RN Practice

Conscious (moderate) sedation is defined as a medically controlled state of depressed consciousness, induced by the administration of pharmacologic agents to allow the patient to tolerate procedures. The patient retains the ability to independently and continuously maintain a patent airway and respond appropriately to physical stimulation and/or verbal command.

In-depth knowledge of anatomy, physiology, pharmacology, patient assessment and emergency procedures is necessary for the **registered nurse** to accept responsibility for administering the medication and monitoring the client receiving I.V. conscious sedation. Given the level of independent assessment, decision-making, and evaluation required for the safe care of the client nursing management of these patients is beyond the LPN scope of practice [RN Rules 21 NCAC 36.0224 (b)(d)(e) and LPN Rules 21 NCAC 36.0225(b)(d)(e)].

The Director of Nursing in the employing facility in conjunction with other appropriate departmental personnel is responsible for developing written policies and procedures for the RN to administer I.V. conscious sedation. This includes listing specific drugs and dosages approved by the facility for use in I.V. conscious sedation. The drugs and dosages must be clearly intended for maintaining the patient in a **conscious state**. The administration of such drugs as *Propofol* or *Ketamine* for procedural purposes is not prohibited providing the patient retains control of reflexes and can be aroused. The physician ordering the sedation or the physician designee should be present or nearby at the time the sedation is administered in order to respond to any emergency.

*Note: The administration of medications for deep sedation of intubated critically ill patients is not prohibited.

Accessible resources (i.e., equipment - pulse oximeter and cardiac monitors), emergency resuscitation equipment and medications, as well as personnel qualified to provide necessary emergency measures, such as intubation and airway management, must be readily available during IV conscious sedation procedures.

The RN may accept the responsibility for the care of patients receiving **I.V. conscious sedation** if she/he has the appropriate knowledge and skills and is in a practice setting that provides the necessary resources to assure patient safety. This management may include administration of medications, monitoring the patient for intended and untoward responses to the medication and her/his level of consciousness throughout the procedure, and implementing emergency activities, e.g. endotracheal intubation, suction, oxygen and defibrillation, if required. The RN who accepts the responsibility of monitoring the status of the patient cannot assume other responsibilities which would leave the client unattended, thereby jeopardizing the safety of the client.

Specific guidelines for the RN's preparation and role in managing patients receiving I.V. conscious sedation have been developed by both the American Association of Nurse Anesthetists (AANA) and a consortium of national professional nursing organizations and may be obtained directly from the American Nurses Association (ANA) at 8515 Georgia Avenue, Suite 400, Silver Spring, MD 20910-3492.

The administration of Nitrous Oxide via inhalation for minimal to moderate sedation is within the scope of practice for the RN who is educationally prepared, clinically competent, and guided by written policies and procedures. The physician ordering the sedation or the physician designee should be present or nearby at the time the sedation is administered in order to respond to any emergency. Accessible resources and patient safety practices as noted above must be readily available during inhalation sedation procedures.