

Safe procedural sedation competencies

Introduction

The safe procedural sedation competencies described below are designed to be used by all practitioners providing patient sedation for diagnostic and/or interventional procedures. They are also designed to be incorporated into any training curriculum where trainees are required to demonstrate competence in the provision of safe procedural sedation. They have been developed collaboratively by representatives from a range of medical, nursing and dental practitioners.

It is expected that specialist and independent practitioners will incorporate activities relevant to procedural sedation into their continuing professional development programs, in order to maintain skills and competence.

These competencies will be incorporated into ANZCA professional document *PS09 Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical, Dental or Surgical Procedures* when it is next reviewed.

Users should refer to the version of *PS09* that is current at the time, for further guidance on safe procedural sedation requirements.

Defining safe procedural sedation

For clarity and for the purposes of the development and use of curriculum competencies, safe sedation in this context refers to:

- 1) the safe procedural sedation solely of adult patients, using intravenously administered drugs
- 2) moderate sedation (conscious sedation), which is defined as:
“a drug-induced depression of consciousness during which patients respond purposefully to verbal commands alone or accompanied by light tactile stimulation.”
- 3) practitioners responsible for sedation (sedationists) being familiar with jurisdictional regulations/requirements for facilities¹.

Further details regarding this definition can be found in:

- *PS09 Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical, Dental or Surgical Procedures*
- *Safe Sedation Practice for Healthcare Procedures: Standards and Guidance* (Academy of Medical Royal Colleges, Oct 2013).

It is understood that sedation may be required for therapeutic or interventional purposes. The use of the terms “procedure” or “procedural” in this document encompasses diagnostic and interventional procedures.

¹ The physical environment for procedural sedation must be considered, including access to the patient’s airway and access for unconscious patient transfer within or outside the facility should a complication arise.

Incorporating the competencies into a curriculum

These competencies represent the **minimum** requirements for clinicians to be deemed competent to deliver safe moderate procedural sedation. The competencies were developed to suit a wide range of professional groups and it is understood that individual colleges and other organisations may need to adapt the format of the competencies to match the format of their specific curriculum.

Non-bolded items provide essential guidance for the main competency statement in bold text, helping to articulate its intentions.

The competencies

Clinicians providing moderate sedation (conscious sedation) must be able to recognise, understand and demonstrate skills to:

- 1. Conduct a thorough pre-sedation assessment of a patient, identifying clinical features, pre-existing conditions and medications that predispose patients to adverse sedation-related events.**
 - Describe the rationale for thorough assessment for sedation.
 - Discuss the elements of a thorough pre-sedation assessment and the importance of each, including but not limited to:
 - Patient identification and age
 - Previous anaesthesia/sedation history
 - Allergies and drug sensitivities
 - Aspiration risk assessment, including expected fasting status and pre-sedation instructions
 - Airway assessment, including risk of airway obstruction during sedation
 - General health, including exercise tolerance, cardiorespiratory status and current medications
 - Outline the 'red flags' in the assessment process, and use assessment tools, which alert staff to patients at risk, including but not limited to:
 - Prior sedation or anaesthesia related adverse events/complications
 - Obstructive sleep apnoea
 - Morbid obesity
 - Patients with limited functional reserve
 - Frailty
 - Age

- 2. Stratify patients according to risk², and refer those patients at high risk of adverse sedation-related events to a specialist anaesthetist.**
- 3. Determine the requirements for anxiolysis and/or analgesia before the procedure, taking into account the complexity and likely discomfort of the procedure for the patient.**
- 4. Clearly communicate the risks of procedural sedation to the patient (in addition to risks associated with the procedure itself), to obtain valid informed consent and address patient expectations.**
- 5. Prepare for an episode of procedural sedation ensuring that:**
 - **equipment for monitoring and for emergencies is available and functional in both the procedure and recovery areas**
 - **at least the minimum recommended staff³ are present during the procedure and in the recovery area, all of whom have current basic life support skills**
 - **at least one clinical staff member present is current in advanced life support skills and can stop what they are doing immediately in the event of an emergency**
 - **drugs for sedation and for emergencies are immediately available**
 - **all team members have a shared understanding of their responsibilities and the patient care plan, including emergency protocols.**
- 6. Administer sedation/analgesic drugs, titrating them to effect, taking into consideration the differing onset times, doses, peak effects and duration, to ensure completion of the entire procedure.**
 - Discuss the pharmacology of drugs used intravenously for procedural sedation.
 - Describe how the use of multiple drugs may produce synergistic or antagonistic effects.
 - Describe the pharmacology of reversal /antagonist agents, and drugs used for the management of medical emergencies, including indications, their duration of action and risks of use.

² Refer to *PS09 Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical, Dental or Surgical Procedures* Appendix 1, for the American Society of Anesthesiologists (ASA) Classification of Physical Status

³ Refer to *PS09 Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical, Dental or Surgical Procedures* for guidance on staffing levels

- 7. Continually⁴ monitor patient comfort and record regular observations, according to local guidelines.**
 - Understand the need to be continuously⁵ present during the procedure and continually monitor the patient's status, to the exclusion of all other duties.
- 8. Recognise the deteriorating patient, initiate management or rescue and call for help if required.**
- 9. Ensure the patient is safe to be transferred to a recovery area and a formal handover of care, along with documentation of the sedation and plan for ongoing care, is completed.**
- 10. Ensure continual observation and monitoring of the patient in the recovery area until the patient meets pre-defined criteria for discharge.**
 - Describe the criteria required for safe discharge of patients after moderate procedural sedation.
- 11. Ensure written discharge information is provided for all patients before they leave the facility with their carer, including instructions for steps to take in the event of an emergency.**

⁴ "Continually" means "regularly and intermittently"

⁵ "Continuously" means "in an uninterrupted way"