

OKLAHOMA BOARD OF NURSING  
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Guidelines for Registered Nurse Managing and Monitoring Conscious Sedation

I. **Definition**

- A. Administration of the agents to achieve conscious sedation are selected and ordered by any person authorized by state law to so prescribe. Administration includes preparing and handing a medication to a patient for self-administration and the introduction of a medication via any route into a body system at any point during a conscious sedation event.
- B. Conscious sedation is a medically controlled state of depressed consciousness in which the patient has the ability to retain protective airway reflexes, to independently and continuously maintain a patent airway, and to respond to age-appropriate physical and verbal stimuli. Conscious sedation does not apply to the control of pain, sleep, or sedation of patients on ventilators or to the administration of pre-operative medications. Routes of administration of conscious sedation drugs include but are not limited to IV, oral (including lollipops), nasal inhalation, or per rectum.

*Those patients whose only response is reflex withdrawal from a painful stimulus are sedated to a greater degree than encompassed by conscious sedation/analgesia (AANA). Deep sedation is a medically controlled state of depressed consciousness or unconsciousness from which the patient is not easily aroused. It may be accompanied by a partial or complete loss of protective reflexes and includes the inability to maintain a patent airway independently and respond purposefully to physical stimulation or verbal command. These guidelines do not apply to deep sedation.*

II. **Qualifications**

- A. The registered nurse is authorized by institutional policy to manage and monitor conscious sedation of patients.
- B. The registered nurse managing and monitoring conscious sedation shall evidence competency in the management and monitoring of conscious sedation.
- C. The registered nurse managing and monitoring the care of patients receiving conscious sedation:

- a. has training beyond basic nursing preparation in the administration of conscious sedation;
- b. demonstrates the acquired knowledge of anatomy, physiology, pharmacology, cardiac arrhythmia recognition, medications and complications related to conscious sedation;
- c. assesses the total patient care requirements before and during the administration of conscious sedation, and in the recovery phase;
- d. understands the principles of oxygen delivery, transport and uptake, respiratory physiology, and the use of oxygen delivery services;
- e. recognizes potential complications of conscious sedation for each type of agent being administered;
- f. has the ability to assess and intervene based upon orders or institutional protocols, in the event of complications;
- g. demonstrates competency in airway management and resuscitation (such as ACLS or PCLS) appropriate to the age of the patient.

### III. Management and Monitoring

- A. The following information must be available to the registered nurse managing and monitoring the conscious sedation patient in the facility in which the conscious sedation is administered:
  - a. Guidelines for patient monitoring, drug administration and protocols for dealing with potential complications or emergency situations, developed in accordance with accepted standards;
  - b. A policy defining the criteria for venous access for all patients receiving conscious sedation;
  - c. A policy addressing frequency of documentation and monitoring of physiologic measurements including but not limited to blood pressure, respiratory rate, oxygen saturation, cardiac rate and rhythm, and level of consciousness.
- B. The agents to achieve conscious sedation are selected and ordered by any person authorized by state law to so prescribe.
- C. The registered nurse managing and monitoring the patient receiving conscious sedation shall have no other responsibilities during the procedure that would leave the patient unattended or compromise continuous monitoring.
- D. An emergency cart must be immediately accessible to every location where conscious sedation is administered. This cart must include emergency resuscitative drugs, airway and ventilatory adjunct equipment, defibrillator, and a source for administration of 100% oxygen.
- E. A positive pressure breathing device, oxygen, suction, and appropriate airways must be placed in each room where conscious sedation is administered.

- F. Supplemental oxygen shall be available for any patient receiving conscious sedation during the post-procedure period.
- G. A qualified professional capable of managing complications which might arise (such as airway management, emergency intubation and advanced cardiopulmonary resuscitation) is present in the facility and remains in the facility until the patient is stable.
- H. Conscious sedation may not be started until an adequate number of staff with demonstrated competency in the management and monitoring of the patient with conscious sedation is available.
- I. When used in general anesthesia or conscious/moderate sedation, any and all drugs whereby the drug manufacturer's general warning advises the drug should be administered and monitored by persons experienced in the use of general anesthesia who are not involved in the conduct of the surgical and/or diagnostic procedures shall not be administered by a licensed nurse who is not a Certified Registered Nurse Anesthetist.

## References

- American Association of Nurse Anesthetists (2003). Considerations for Policy Guidelines for Registered Nurses Engaged in the Administration of Conscious Sedation. Retrieved 2/10/05 from: [www.aana.com/practice/conscious/asp](http://www.aana.com/practice/conscious/asp).
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- American Society of Health-System Pharmacists (2005) Drug Information. Bethesda, MD: Author.