BY ORDER OF THE COMMANDER
59TH MEDICAL WING

59TH MEDICAL WING INSTRUCTION
44-137

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Medical

MODERATE SEDATION

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction implements Air Force Policy Directive 44-1, *Medical Operations*. This instruction establishes policies, responsibilities, and administrative procedures for the care and supervision of the elective use of moderate sedation for patients. The goals of this Instruction are to facilitate patient comfort and voluntary cooperation during diagnostic and therapeutic interventions; ensure the patient's safety and welfare; minimize patient anxiety and negative psychological responses during treatments by providing analgesia and maximizing the potential for amnesia; establish standard moderate sedation practices applicable to all areas of the 59th Medical Wing (MDW). This publication applies to all personnel providing moderate sedation at any location under the 59 Medical Wing privileging authority to include all dental and medical facilities at Joint Base San Antonio-Lackland and Joint Base San Antonio-Randolph. This does not apply to moderate sedation provided at dental or medical facilities that fall under the Brooke Army Medical Center privileging authority. This Instruction addresses moderate sedation administered by representatives of clinical departments to include Oral and Maxillofacial Surgery (OMFS), Grad Periodontics; AEGD-2 Flight; Dental Squadron, etc. Moderate sedation is within the scope of pediatric dentistry specialty care. **Note:** Activities of the Departments of Anesthesiology, OMFS, and dental, are governed by their own policies, procedures and privileges, which establish an equivalent standard of care. Dental standards for sedation and anxiety control include moderate sedation and are defined by the Air Force Medical Service (AFMS) Dental Practice Guidelines. Dental services are required to abide by these guidelines to the higher level of requirements defined in the guidelines or this Instruction. All 959th Medical Group personnel, affiliates from Air Force Medical Operations Agency and Air Force Personnel Center, reserve and Air National Guard that provide moderate sedation at a 59 MDW facility must comply with this publication. This publication requires the collection and or maintenance

of information protected by the Privacy Act of 1974 authorized by 10 U.S.C. 55, *Medical and Dental Care*, and E.O. 9397 (SSN). The applicable SORN F044 AF SG D, and Automated Medical/Dental Record System is available at: **http://dpclo.defense.gov/privacy/SORNs/SORNs.htm**. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*. The authority to waive requirements is the publication approval authority. Ensure that all records created as a result of processes prescribed in this publication are maintained IAW AFI 33-322, *Records Management and Information Governance Program*, and disposed of IAW Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS).

SUMMARY OF CHANGES

This publication has had significant revisions to include: changes in section 2, Scope of Practice; Section 4, Practice, Eligibility, Qualification, and Minimum Staffing for Administering Moderate Sedation and Analgesia; Section 5, Registered Nurses, **Table 9.1**; Moderate Sedation Clinical areas, **Attachment 7**; Moderate Sedation Privilege Requirements; and **Attachment 8**, Memorandum to Request Moderate Sedation Privileges.

1. Responsibilities.

1.1. Anesthesia Service. Anesthesia is the 59 MDW Point of Contact (POC) for moderate sedation and will assist in providing training for persons involved in physiologic monitoring of patients guided by this policy. Any credentialed anesthesia provider [Certified Registered Nurse Anesthetist (CRNA)/Anesthesiologist] can serve as the subject matter expert for sedation and analgesia policies. Annually, all nurses taking part in moderate sedation must attend a mandatory training on moderate sedation facilitated by a credentialed anesthesia provider.

1.2. Privileged Medical Staff. Responsible for supervising the administration of moderate sedation to ensure compliance with moderate sedation guidelines. Specifically, responsible for the pre-administration evaluation of each patient, including the determination that the patient is an appropriate candidate to receive sedation and analgesia. Responsible for writing/giving the verbal order for the appropriate initial loading dose and maintenance dose orders. The privileged medical staff may be a physician, dentist, physician assistant, nurse practitioner or certified registered nurse anesthetist who has met education requirements established by their specific training program for moderate sedation. Moderate sedation may be independently performed or supervised by properly licensed privileged medical staff with adequate training, experience, and appropriate privileges IAW AFI 44-119, *Medical Quality Operations*. Privileged medical staff who order, furnish, or transmit orders for medication intended to induce moderate sedation shall have current moderate sedation privileges IAW AFI 44-119. These practitioners shall be qualified to rescue patients from deep sedation and shall be competent to manage a compromised airway, provide adequate oxygenation and ventilation and oversee other appropriately trained medical support staff. This training can be accomplished through each practitioner's respective post-graduate training program. If not accomplished, this requirement may be satisfied through any accredited continuing medical education course covering administration of moderate sedation. In addition, privileged medical staff that participate in the administration and/or management of patients

receiving moderate sedation must meet the requirements set forth in this Instruction in section 4 and outlined in **Attachment 7**.

1.3. Clinical Nurse Officer In Charge (OIC)/Moderate Sedation Unit Representative. Responsible for ensuring that nursing personnel follow moderate sedation administration and clinical practice guidelines. Ensures unit level proficiency evaluation per this policy and that patient care is completed and documented. Identifies and addresses specific problems or issues concerning the administration of sedation and analgesia through appropriate channels. Provides regular review and appropriate quality improvement activities with respect to sedation and analgesia practices. Responsible for monitoring and evaluating the accuracy and completeness of documentation related to sedation and analgesia administration.

1.4. Registered Nurse (RN). Responsible for the administration of pharmacological agents prescribed by the licensed independent provider and is responsible for the continuous monitoring of the patient receiving sedation and analgesia. RN is responsible for ensuring complete and appropriate documentation of the care of the patient before, during, and after the administration of intravenous sedation and analgesia.

1.5. Anesthesia Sedation Consult. For cases at WHASC between the hours of 0630 and 1500, Anesthesia can be reached by pager at (210) 266-2959 (if an escalation of care is deemed necessary). Anesthesia should be consulted and/or utilized prior to a potential adverse outcome. Patients who are scored under the American Society of Anesthesiologists (ASA) system as an ASA Class III or IV may require anesthesia care with enhanced monitoring (an Anesthesia consult should be considered). Consultation with the Anesthesia Service is always readily available and providers are encouraged to seek formal Anesthesia consultation and support for any patient with coexisting disease that is unusual or outside the ordinary practice of that provider. (**Attachment 3** ASA Classification). For any pediatric patients deemed ASA Class III, consultation is required with an anesthesia provider (Medical Doctor/CRNA) or a pediatric Intensive Care Unit/Emergency Room physician prior to performing sedation (exception: dental providers with credentials to care for pediatric population with ASA III classification). Pediatric patients ASA Class IV and above are not eligible for procedural sedation by non-Anesthesia providers.

2. Scope of Practice.

2.1. Covered Clinical Departments. This policy addresses moderate sedation administered by representatives of clinical departments other than the Department of Anesthesiology.

2.1.1. Activities of the Department(s) of Anesthesiology are governed by their policies, procedures and privileges, which establish an equivalent standard of care.

2.1.2. OMFS and dental are guided by this Instruction and comply the Air Force Medical Service Dental Clinical Practice Guidelines, policies, and procedures and in accordance with their individual privileges.

2.2. Deep Sedation. Deep Sedation should not be performed outside the following clinical departments: Anesthesia (Operating Room) and OMFS Clinic. Sole exception is use of ketamine in the FEC per **paragraph 3.3.1** **Note:** This policy does not establish requirements for deep sedation.

2.3. Exclusions. Due to the setting and the nature of care provided, the following situations in which other clinics' procedures meet the standard of care are not governed by this policy.

2.3.1. Dental Services performing moderate sedation in the outpatient setting are exempt from using the prescribed 59 MDW Form 35 *Procedural Sedation Record*. Instead they must use AF Form 1417, *Sedation Clinical Record* for all appropriately credentialed dental providers performing moderate sedation within the 59 MDW, IAW AFI 47-101, *Managing Air Force Dental Services*, and the Air Force Medical Service Dental Clinical Practice Guidelines. This meets the requirements set forth in this instruction and is an equivalent community standard of care.

2.3.2. The Family Emergency Center (FEC) is exempt from using the prescribed 59 MDW Form 35, *Procedural Sedation Record*. They are authorized to use the Procedural Sedation Note T-sheet and Essentris ED Procedure Note. Consent will be accomplished on the 59 MDW Form 1202, *Disclosure and Consent - Medical and Surgical Procedures* or 59 MDW Form 164 as appropriate. Similar documentation is used at the Brooke Army Medical Center Emergency Room and allows for a standard process across the market service line. The documents will be scanned into ESSENTRIS. This document meets the requirements set forth in this instruction and is an equivalent community standard of care.

3. Sedation Terminology.

3.1. Minimal Sedation or anxiolysis is a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected. Patients who have a Modified Aldrete score of "2" for Consciousness criteria (total score: 10 or at baseline) is considered minimally sedated (see **Attachment 2**, Aldrete Scoring Criteria). **Note:** This document does not establish requirements for minimal sedation/anxiolysis.

3.2. Moderate sedation is a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Normal cardiovascular function is usually maintained. Patients who have a Modified Aldrete Score of "1" for Consciousness criteria (total score: 8-10) are presumed to be moderately sedated. Moderate sedation is acceptable for all ages for Dental only. All other clinical areas are limited to age 13 or over.

3.2.1. Moderate sedation includes the use of reversible agents, such as an opioid or benzodiazepine.

3.3. Deep Sedation is a drug-induced depression of consciousness during which patients cannot be easily aroused, but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway and spontaneous ventilation may be inadequate. Normal cardiovascular function is usually maintained. Patients who have a Modified Aldrete Score of "0" for Consciousness criteria (total score: < 8) are presumed to be deeply sedated.

3.3.1. Deep sedation includes the use of any sedative agent that does not have a direct reversal agent (i.e. Ketamine, Propofol). Use of such agents must be administered by a

fully credentialed anesthesia provider or Oral and Maxillofacial (OMF) surgeon with anesthesia privileges or by a RN under the direct supervision of a fully credentialed anesthesia provider or OMF surgeon with anesthesia privileges. Emergency Physicians in the FEC that are credentialed in deep sedation may utilize Ketamine for the purpose of procedural sedation. In this instance, an RN may administer the Ketamine under the direct supervision of a fully credentialed Emergency Physician. **Note: This Instruction does not apply to deep sedation.**

3.4. General anesthesia is a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired. General anesthesia is administered only by fully credentialed anesthesia providers or OMF surgeons with anesthesia privileges. **Note: This Instruction does not apply to general anesthesia**.

3.5. Induction/Sedative Agents: Induction agents are drugs commonly used to induce general anesthesia. These include but are not limited to Thiopental, Propofol, Methohexital, Ketamine, and Etomidate. Any use of induction agents must be done with preparation for deep sedation regardless of the planned level of sedation.

4. Eligibility, Qualification, and Minimum Staffing for Administering Moderate Sedation and Analgesia.

4.1. Candidates for managing and/or administering moderate sedation are selected based on clinical need, departmental recommendation, training, applicable life support certifications and/or Advanced Life Support waiver, exemption, or extension, and licensure IAW AFI 44-102, *Medical Care Management*, and AFI 44-119.

4.2. Initial and ongoing privilege requirements for privileged medical staff are located in **Attachment 7**.

4.2.1. The first step in becoming privileged to provide moderate sedation is to perform a thorough review of this medical wing instruction

4.2.2. The second step is to complete a one-time Moderate Sedation Course shared by Brooke Army Medical Center and the 59 MDW. It is available on line through RELIAS Health. The course requires successful completion of a test. To register for the training, please see your local Education and Training Representative, or contact the Wing Education and Training office. A course certificate should be printed and provided to the Credential office to upload into JCCQAS. Dentists are not required to complete this course as they complete training per the AFMS Dental Clinical Practice guideline.

4.2.3. The third step is for the provider to request moderate sedation privileges. This is done by completing a memorandum co-signed by the provider's department medical director. The document will be uploaded into JCCQAS. See **Attachment 8** as an example of this memorandum.

4.2.4. The last step is for the RELIAS Health certificate and signed memorandum to be forwarded through the Department Chief to Credentials. Documentation will be required

for all providers desiring to perform procedural sedation/analgesia, including previously credentialed staff.

4.2.5. The provider's request will be managed in accordance with the Medical Staff Bylaws.

4.3. Recertification of credentialed privileged medical staff for moderate sedation will be accomplished at the time of application for privileges and medical staff reappointment. An annotation will be made in the "Privileges List" in the Centralized Credentials Quality Assurance System requesting credentials for "Moderate Sedation." This Instruction must be reviewed. The provider will submit a "Request for Moderate Sedation Privileges" (**Attachment 8**). A records review of moderate sedation cases will be documented on the Performance Appraisal Report, AF Form 22, Clinical Privileges Evaluation Summary, annotating the number of moderate sedation cases and number of quality assurance events as defined in section 9.1.2.

4.4. Privileged medical staff working at BAMC with moderate sedation privileges who request affiliate medical staff appointment at WHASC may use their BAMC moderate sedation training certificate and medical director letter of support to apply for moderate sedation privileges at WHASC. Currency is reflected by the combined care of moderate sedation cases at both locations.

4.5. Privileged medical staff, dental/OMFS technicians, and RNs must have completed the required training for Moderate Sedation and Life Support Certification per **paragraph 7** Medical Staff must be able to manage and rescue patients at whatever level of sedation or anesthesia is achieved.

4.6. A sufficient number of qualified staff are present to evaluate the patient, to provide the sedation and/or anesthesia, to help with the procedure, and to monitor and recover the patient.

4.6.1. Staffing for a procedure requiring moderate sedation/analgesia in all practice areas except for dental consists of a minimum of one (1) privileged provider and one (1) qualified RN/additional privileged medical staff /qualified technician. The required clinical tasks are divided between the provider conducting the diagnostic or treatment procedure, and the individual administering the sedation/analgesia agent and monitoring the patient throughout the procedure. During cases that require moderate sedation in the dental clinics, a minimum of three qualified persons will be present to monitor the patient (this will include the dentist, chairside dental assistant and a monitor), as outlined in 23.2.2.9. of the AF Medical Service Dental Clinical Practice Guidelines.

5. Registered Nurses.

5.1. The 59 MDW recognizes that it is within the scope of practice of an RN to administer pharmacologic agents for moderate sedation, as long as they have appropriate training, and experience, and a privileged medical staff is present is in close proximity to provide supervision.

5.2. Initial moderate sedation competency verification for RNs shall be accomplished prior to the RN administering moderate sedation. This Instruction should be thoroughly reviewed by the RN prior to initializing the below steps for certification.

5.2.1. The first step in initial Moderate Sedation Certification of all RNs will be accomplished through online RELIAS Health training. RNs will complete the RELIAS Health Moderate Sedation Course and pass the online test. To register for the training, please see your local Education and Training Representative, or contact the Wing Education and Training office. A course certificate should be printed after completion. A course certificate should be printed after completion.

5.2.2. The second step is for the RN to attend a Moderate Sedation class given by a credentialed anesthesia provider.

5.2.3. The third step in initial Moderate Sedation Certification is for the RN to be proctored while performing 5 moderate sedation cases. If possible, and volume is sufficient, this direct visualization can be accomplished in the RN's work area. If there is not a sufficient volume of moderate sedation cases, the RN will be required to go to the Gastroenterology clinic to perform moderate sedation.

5.2.3.1. Each RN shall administer 5 supervised sedations in order to be certified to administer medications for moderate sedation. The first 2 will be proctored by a credentialed anesthesia provider, while the remaining 3 will be proctored by a moderate sedation certified RN in the Gastroenterology Clinic. At the completion of the 5 proctored cases, the RN will receive a certificate of completion for Moderate Sedation, which will be filed and an annotation of training shall be documented on the AF IMT Form 1098, *Special Task Certification and Recurring Training* in the RN's Competency Assessment Folder (CAF) and/or a transcript of training completion will be printed and placed in the CAF

5.2.4. RNs certified in moderate sedation will recertify every 2 years as outlined **Attachment 7**. These steps include completion of RELIAS Health Moderate Sedation Course with test and performance of 2 moderate sedations while being proctored by a moderate sedation privileged RN in the Gastroenterology Clinic.

5.2.4.1. The moderate sedation function chairman or his/her designee will supervise 2 sedation cases of Gastroenterology RNs for their biennial skills reverification; the supervision must be done by a credentialed anesthesia provider.

5.2.5. The WHASC OMFS Department Chairman, or designated OIC, will track OMFS RNs trained in moderate sedation to ensure their annual skills verification and annual training is documented in the CAF. Their supervision is done by a credentialed OMFS anesthesia provider.

5.2.5.1. The OMFS OIC will supervise RNs obtaining moderate sedation initial training and their annual skills reverification.

5.2.5.2. Peer review for OMFS RNs trained in moderate sedation will be accomplished by the OMFS OIC for Moderate Sedation.

5.3. The 59 MDOG/SGN will track RNs trained in moderate sedation to ensure their biennial skills reverification is accomplished and documented in their CAF.

5.3.1. Peer review for RNs administering moderate sedation will be performed and submitted quarterly.

5.3.2. RNs will have 5 moderate sedation records per month/15 per quarter reviewed, or 100% of moderate sedation records reviewed for RNs that that have performed less than 5 moderate sedations in any month.

5.3.3. Peer review results should be forwarded to the 59 MDOG/SGN and reported at the Nurse Executive Committee.

5.4. RNs working shifts at WHASC that are currently certified to provide moderate sedation at Brooke Army Medical Center (BAMC) must have copies of their certification placed in their CAF prior to providing moderate sedation at WHASC.

5.4.1. RNs certified at BAMC must maintain their certification at either BAMC, or WHASC in order to able to administer moderate sedation at WHASC.

6. Facilities, Equipment, and Monitoring.

6.1. Scheduling Coordination of moderate sedation cases.

6.1.1. In accordance with National Fire Protection Association 101, *Life Safety Code*, no more than 3 moderate or higher level sedation cases should be ongoing at any given time in areas of a facility designated as "business occupancy".

6.2. Providers who utilize sedative medications will have the proper facilities, personnel, and equipment available to manage any reasonable, foreseeable emergency situation. In addition, each provider will be familiar with the protocol for summoning additional emergency help. Sedation may be practiced within outpatient clinics, endoscopy suites, radiology suites, oral surgery suites, the Family Emergency Center (FEC), the post-anesthesia recovery unit, and operating rooms.

6.2.1. All patients who are treated with moderate sedation must be monitored by staff when using the restroom or otherwise leaving the treatment room. The patient must have ability to summon immediate assistance when using private restrooms and staff must be trained in response procedures (e.g., how to unlock door).

6.3. Patients will be monitored with electrocardiogram, noninvasive blood pressure, and continuous pulse oximetry; monitoring of end-tidal carbon dioxide is recommended and should be used when reasonably permitted by the clinical setting.

6.4. Each recovery room area will be equipped with the following equipment appropriately sized for the patient: suction, oxygen, pulse oximetry, electrocardiograph monitor, blood pressure cuff, a self-inflating resuscitator (Ambu bag) and mask, and a reliable source of oxygen (wall source preferred). In areas that provide pediatric sedation/analgesia, pediatric emergency resuscitation equipment will be available. Emergency medications, equipment and supplies (i.e. crash cart) approved by the Resuscitation Committee shall be immediately available when moderate sedation is induced IAW 59 MDWI 44-142, *Code Blue Management.* Pharmacologic antagonists/reversal agents, such as naloxone (Narcan) and flumazenil (Romazicon), will be included. The crash cart will be located in a central facility location that is rapidly and easily accessed. There will be documentation on a regular basis that equipment and drugs are checked and properly maintained.

6.5. Dental Technicians assisting in the monitoring of dental patients receiving moderate sedation shall be trained in accordance with the 59 DG dental technician sedation training program. Currently, that program consists of academic and clinical training in chairside

assisting and medical emergency (Code Blue) management. The training should be accomplished when the Dental Technician is first assigned to a section that does moderate sedation and then repeated annually. The training should be documented in the technician's Air Force Training Record. Periodic retraining requirements may be accomplished at the discretion of the Department Chairman.

7. Life Support Certification Requirements. All personnel (privileged medical staff, RN, and technicians) involved in the care of patients receiving moderate sedation must be certified and current in Basic Life Support (BLS). Privileged medical staff and RNs must have age appropriate advanced life support certification (Advanced Cardiac Life Support and/or Pediatric Advanced Life Support) or an approved waiver, exemption or extension. Dental and OMFS technicians must have BLS certification. Refer to AFI 44-102 and AFMS DPCG for additional detailed information.

8. Before, During, and After Moderate Sedation.

8.1. Oral Sedatives. Oral agents intended to induce moderate sedation (e.g., chloral hydrate) may not be prescribed or dispensed to outpatients for self-medication prior to arrival at the facility (including medication to be given by a parent or guardian to a child or other dependent patient). Oral medications intended for anxiolysis (i.e. valium) are not included in this directive.

8.2. Nitrous Oxide. Nitrous Oxide used as a single agent for sedation. It is not considered equivalent to intravenous moderate sedation. Use of nitrous oxide shall be utilized in accordance with current Air Force Medical Service Dental Clinical Practice Guidelines.

8.3. Pre-Sedation History and Physical (H&P) Examination/Assessment, 59 MDW Form 35, Page 1, Section I, Pre-Sedation Assessment or via a Pre-Anesthetic Assessment on the AF Form 1417 for dental providers.

8.3.1. The pre-sedation H&P examination/assessment shall be performed by a privileged medical staff within 30 days prior to the scheduled procedure date. A RN may complete the history portion of 59 MDW Form 35, Page 1, Section I or AF Form 1417. This section contains standard of care content and must be filled out in its entirety.

8.3.2. The RN interviewing the patient for their history shall note any significant adverse findings (i.e., affirmative responses to the questions concerning "Medical History").

8.3.2.1. The privileged medical staff performing the assessment and physical examination shall note any significant findings (i.e., positive findings of "Airway" and non-reassuring airway findings, see **Attachment 4**, to "Assessment/Physician Examination" questions).

8.3.3. The H&P examination/assessment described in this policy meets the Medical Staff's expectation for a formal H&P examination within 30 days prior to an outpatient procedure involving moderate sedation. However, when a pre-procedure H&P examination is otherwise required by the Medical Staff, the medical history portion of the H&P shall be updated and noted by asking the patient whether they have experienced any changes since the initial examination. The physical examination/pre-anesthetic assessment will be conducted by a privileged medical staff with privileges to perform moderate sedation.

8.3.4. Patient and Procedure identification. IAW 59 MDWI 44-128, *Universal Protocol and Surgical Site Verification,* both the patient's identity, **(**using two patient identifiers such as; patient's name and date of birth) and the procedure to be performed (including side and site as applicable) must be validated. 59 MDW Form 35 and 59 MDW Form 123, *Medical Record-Universal Protocol: Non-OR Procedure Verification Record* or AF Form 1417 may be used in lieu of 59 MDW Form 97, *Universal Protocol: Procedure Verification Record* only when providing moderate sedation outside the main operating rooms). Procedures not utilizing moderate sedation only require the completion of 59 MDW Form 123 IAW MDWI 44-128. Dental providers will ensure safe site surgery IAW AFMAN 47-101 and the Air Force Medical Service Dental Clinical Practice Guidelines.

8.3.5. The patient's allergies will be annotated and medications reconciled IAW 59 MDWI 44-115, *Pharmacy and Medication Management* and documented as indicated on page one, Section I of 59 MDW Form 35 or on the backside of the AF Form 1417 in the Pre-Anesthetic Assessment Section.

8.3.6. Nothing by Mouth (NPO) Guidelines. The patient should be without oral intake prior to receiving sedation according to the guidelines in **Table 8.1**

8.3.7. Patients that do not have a responsible adult with them should have their procedure postponed until a responsible adult can accompany the patient or the provider must arrange for post-procedure observation.

Table 8.1. NPO Guidelines (Per American Society of Anesthesiologists Guidelines).

Solids	Non-Clear Fluids	Clear Fluids
8 hours	6 hours	2 hours

8.4. Risk Assessment and Plan (59 MDW Form 35, Page 1, Section II).

8.4.1. A privileged medical staff with moderate sedation privileges corresponding to the level of sedation planned shall review the findings of the pre-sedation H&P examination/assessment (refer to **paragraph 8.3**), including notation of any changes reported by the patient since any prior pre-procedure H&P examination.

8.4.2. The privileged medical staff shall complete Section II of the Risk Assessment and Plan portion of 59 MDW Form 35 or equivalent section on the AF Form 1417 which documents the patient's American Society of Anesthesiologists status, a review of the pre-sedation H&P examination, any changes reported by the patient since any required pre-procedure H&P examination, and informed consent on the 59 MDW Form 164 (IAW 59 MDWI 51-302, *Informed Consent and Refusal of Care*) for the procedure and the sedation and the plan for anesthesia care.

8.4.3. Before administering moderate sedation or anesthesia, a privileged medical staff member must plan and/or concur with the plan for sedation.

8.5. Actions immediately Prior To and During Sedation (59 MDW Form 35, Page 2: Sections II-IV).

8.5.1. A staff member shall document the pre-procedure time out IAW 59 MDWI 44-128. **Note:** All applicable fields must be completed as prescribed in this instruction to include vital signs and other elements specified on the form. For dental moderate sedation, an Immediate Preprocedure Assessment will be accomplished and documented on the back side of the AF1417; any interval changes will be annotated. A time out will be recorded per AFMS Clinical Practice Guidelines which require a dental record entry for documentation of Time Out.

8.5.2. A presedation Aldrete Score (reference **Table A2.1** for the Modified Aldrete Scoring legend and description) will be obtained prior to sedation. The patient's vital signs shall be documented immediately prior to the first dose of sedative. The privileged medical staff or RN who will administer the sedative shall use this as an opportunity to ensure that there have been no last-minute adverse changes in the patient's condition and that it is safe for the procedure to continue. Immediately prior to sedation/analgesia, a statement **must** be made indicating that the patient has been re-evaluated just prior to sedation.

8.5.3. Moderately-sedated patients in all settings shall be subject to ongoing continuous monitoring by a dedicated sedation certified RN or dental technician. The assignment to observe or monitor the patient may be supplemented by other duties, as long as they can be interrupted to continue the monitoring process and the protocol outlined in 8.5.3.1 is followed. If a medical technician or licensed vocational nurse with appropriate training and competencies fulfill this roll, procedures and competencies shall include their proper response and role during an emergency situation.

8.5.3.1. If the staff (privileged medical staff, RN, or dental technician) responsible for monitoring the patient must take their eyes off the patient to do something else, they will verbalize, "Eyes off patient." The provider and/or technician will then respond, "Copy, eyes on patient." The person accepting the monitoring duties from the nurse will monitor the patient while the nurse performs the necessary task. When the nurse is finished and returns to patient monitoring duties, the nurse once again calls out, "Eyes back on patient."

8.5.4. The patient's blood pressure, pulse, respiratory rate, Modified Aldrete score (or equivalent measure of sedation), end-tidal carbon dioxide (if monitored), and oxygen saturation. These shall be monitored by an appropriately-trained care giver and recorded *at least every five minutes.* Such monitoring shall continue throughout the procedure and concludes when the patient's pre-sedation Aldrete Score has returned to baseline. Pain will be assessed, reassessed, and managed IAW 59 MDWI 44-124, *Pain Management.*

8.5.5. If deeper than intended sedation occurs during the procedure:

8.5.5.1. If the patient's level of sedation increases to the point that the patient becomes unresponsive and/or the patient is unable to maintain their own airway; then following actions are required.

8.5.5.1.1. Inform the provider performing the procedure; consider pausing the procedure if possible.

8.5.5.1.2. Call for assistance if needed. If patient is unstable and/or assisted ventilations is difficult; call 911 and initiate appropriate emergency life support

measures.

8.5.5.1.3. Increase the patient's inspired oxygen concentration to 100% nonrebreather face mask or ambu bag. Consider the use of a nasal or oral airway.

8.5.5.1.4. Monitor end-tidal carbon dioxide if available.

8.5.5.1.5. Administer reversal agents if appropriate.

8.5.5.1.6. Monitor, treat and recover in place. If the patient requires urgent transfer and admission to a hospital, reference procedures in 59 MDWI 41-122, *Patient Transfers*. The privileged medical staff must stay with the patient until care is transferred.

8.6. Privileged medical staff will complete 59 MDW Form 35, Page 2, Section V or equivalent section on the AF Form 1417 to include the following:

8.6.1. Immediately following the conclusion of sedation and the procedure, the patient's physiological status will be assessed. The privileged medical staff shall authenticate any verbal orders, document medications administered during the procedure, order discharge or transfer (when appropriate) and enter the post-procedure note. This may also be accomplished through the dictation and transcription services as an addendum to the 59 MDW Form 35 or AF Form 1417.

8.7. Disposition and/or Transfer of Patient, refer to 59 MDW Form 35, Page 2, Section VI or equivalent section on AF Form 1417.

8.7.1. Patients shall be recovered with the same clinic in which they received moderate sedation or in the Post-Anesthesia Care Unit if available. If reversal agents were required, the patient will not be discharged earlier than two hours after the last dose of reversal agent. Patients shall not be discharged home from the recovery or procedure area until their Aldrete score returns to baseline or discharge criteria are met. A privileged medical staff must be immediately available (within the clinic) until the last patient receiving moderate sedation is discharged.

8.7.1.1. Patients receiving sedation will have heart rate, respiratory rate, oxygen saturation, level of pain, and response to verbal stimuli continuously monitored; monitoring is required until meeting Aldrete Discharge Criteria. If a patient fails to meet discharge criteria, the privileged medical staff must arrange for transfer and admission to a hospital. The privileged medical staff is responsible for filling out a memorandum of transfer and procedures IAW 59 MDWI 41-122.

8.7.2. A qualified privileged medical staff shall discharge the patient, or an RN may discharge the patient once the indicated criteria are met. Patients who have received sedation must be discharged in the company of an individual who accepts responsibility for the patient.

9. Quality Assurance and Performance Improvement Initiatives.

Table 9.1. Moderate Sedation Clinical Areas.

Dentistry & Subspecialties Randolph AFB Dental Clinic Dunn Dental Clinic and Pediatric Dentistry AF Post Graduate Dental Building: Periodontics Clinic Endodontics Clinic
Gastroenterology
Cardiology
Family Emergency Center

9.1. All areas of the 59 MDW that practice moderate sedation will provide quarterly data to the 59 MDW Moderate Sedation POC on the number of moderate sedation cases and adverse events, if any. Process Improvement initiatives through the identification of adverse events and/or complications are recommended by each department and service that administers moderate sedation. All remarkable adverse events and/or complications must be reported through the chain of command and a Patient Safety Report should be submitted in accordance with the timelines as defined in AFI 44-119 and 59 MDWI 44-130 *Patient Safety Program.*

9.1.1. Mandatory quality assurance items that need to be reported include: Return to pre-sedation Modified Aldrete >1 hour, admission related to complications from sedation, assisted ventilation was required, use of reversal agents, Aldrete Score <8 during procedure. See **Attachment 5** for further quality assurance guidance.

9.1.2. Quality assurance items are tracked and reported quarterly to the Executive Committee of the Medical Staff (ECOMS), and ultimately to the 59 MDW Board of Directors. If indicated, further monitoring, follow-up and education will be conducted in conjunction with the member, unit, leadership, and the committee chairman.

9.1.3. Ongoing peer review of charts for moderate sedation will be required for providers in accordance with AFI 44-119. Nurses are prohibited from performing peer review on credentialed providers. Peer review status will be reported quarterly to the ECOMS via the Chairman of the 59 MDW Moderate Sedation Working Group.

10. Exceptions to Policy.

10.1. In the event of an emergency, the provider may deviate from any requirement of this memo to the extent necessary to respond to that emergency. The justification for any deviation should be noted in the record.

10.2. A patient receiving a strictly one-time, pre-diagnostic oral sedative (not combined with any other oral, intramuscular, or intravenous sedative/analgesic agent) may be exempted

from the documentation and monitoring requirements of this policy if, in the judgment of the prescribing physician, the dosage and drug given would result in only minimal sedation. The provider assumes responsibility for ensuring that an escort accompanies the patient, instructions are given regarding when the patient may resume normal activities, and counseling regarding possible side effects is given. Inquiries regarding this type of exception to the sedation policy may be referred to the Chief, Anesthesia Service.

10.3. Outpatients presenting to the FEC for management of pain syndromes, anxiety disorders, etc., requiring analgesic or sedative prescriptions or medications, not undergoing diagnostic or invasive procedures, are not subject to these guidelines.

10.4. Credentialed OMFS and dentists are exempt from the competency portion of this policy. Their competency requirements are defined by the AFMS Dental Clinical Practice Guidelines. The dental group will be expected to report moderate sedation numbers and adverse events, (if any), on a quarterly basis. Credentialed Anesthesiologists and CRNAs are exempt from the competency portion of this policy. When anesthesia providers are providing sedation/analgesia, they are expected to perform Monitored Anesthesia Care IAW associated Anesthesia Service practice guidelines (i.e., a full preanesthetic evaluation, a complete anesthetic record, and appropriate level of post anesthesia care).

DANIEL K. FLOOD, Colonel, USAF, MC
Chief of the Medical Staff, 59th Medical Wing

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

AFPD 44-1, *Medical Operations*, 08 June 2016

AFI 44-102, *Medical Care Management*, 17 March 2015

AFI 44-119, *Medical Quality Operations*, 15 August 2011

AFI 46-101, *Nursing Services and Operations*, 29 January 2015

AFMAN 47-101, *Managing Air Force Dental Services*, 24 July 2018

AF Medical Service Dental Clinical Practice Guidelines, January 2019

59 MDWI 41-122, *Patient Transfers*, 7 November 2018

59 MDWI 44-115, *Pharmacy and Medication Management*, 16 May 2018

59 MDWI 44-124, *Pain Management*, 29 March 2017

59 MDWI 44-128, *Universal Protocol and Surgical Site Verification*, 1 February 2017

59 MDWI 44-130, *Patient Safety Program*, 09 January 2017

59 MDWI 44-142, *Wilford Hall Ambulatory Surgical Center Code Blue Management*, 12 April 2017

59 MDWI 51-302, *Informed Consent and Refusal of Care*, 10 April 2017

Accreditation Handbook for Ambulatory Healthcare, 2013

National Fire Protection Association 101, *Life Safety Code*, 2012

Prescribed Form

59 MDW Form 35, *Procedural Sedation Record*

Adopted Forms

AF Form 22, *Clinical Privileges Evaluation Summary*

AF IMT 1098, *Special Task Certification and Recurring Training*

AF Form 1417, *Sedation Clinical Record*

59 MDW Form 97, *Universal Protocol: Procedure Verification Record*

59 MDW Form 123, *Medical Record-Universal Protocol: Non-OR Procedure Verification Record*

59 MDW Form 164, *Disclosure for Consent-Anesthesia And/Or Perioperative Pain Management Analgesia*

59 MDW Form 1202, *Disclosure and Consent - Medical and Surgical Procedures*

Acronyms and Abbreviations

ACLS—Advanced Cardiac Life Support

AFMS—Air Force Medical Service

ALS—Advanced Life Support

ASA—American Society of Anesthesiologists

BAMC—Brooke Army Medical Center

BLS—Basic Life Support

CAF—Competency Assessment Folder

CRNA—Certified Registered Nurse Anesthetist

ECOMS—Executive Committee of the Medical Staff

FEC—Family Emergency Center

H&P—History and Physical

HTN—Hypertension

IAW—In Accordance With

MDW—Medical Wing

NPO—Nothing by Mouth

OIC—Officer In Charge

OMF—Oral and Maxillofacial

OMFS—Oral and Maxillofacial Surgery

OPR—Office of Primary Responsibility

PALS—Pediatric Advanced Life Support

POC—Point of Contact

RN—Registered Nurse

WHASC—Wilford Hall Ambulatory Surgical Center

Attachment 2

ALDRETE SCORING CRITERIA

A2.1. Purpose: To provide a systematic approach for evaluation of post-anesthesia patients.

A2.2. Each parameter is rated on a scale of zero through two, the last number being the highest score for that parameter. The total score is ten (10).

A2.3. A patient will have 8 or more points to be cleared from the Recovery Room without the presence of signature of a provider at the time of release.

A2.4. Deviations from the Aldrete Score will occur in those instances in which the elements of the scores simply do not apply. A deviation will be annotated in the nurses' notes.

A2.5. A patient that is moving the same number of extremities postoperatively as he was preoperatively (paraplegic, quadriplegic) is given two points on extremity movement.

A2.6. Babies that cry are given two points on respiratory assessment.

A2.7. When a pediatric patient does not require blood pressure measurements, use the heart rate as the basis for the circulatory assessment.

Table A2.1. Aldrete Scoring Criteria Points.

Activity	Score
Moves 4 Extremities	2
Moves 2 Extremities	1
Moves 0 Extremities	0
Respiration	
Breathe and Cough Freely	2
Limited Breathing/Dyspnea	1
Apnea	0
Circulation (If HR is to be used for peds pts not requiring BP measurement, recommend including what the equivalent HR parameters are for each score.)	
SBP Within 20mm Pre Anesthesia	2
SBP Within 20-40mm Pre Anesthesia	1
SBP<or> 40mm Pre Anesthesia	0
Level of Consciousness:	
Fully Awake	2
Arousable on Calling	1
Not Responding	0
Saturation	
> 94% on Room Air	2
> 94% on Oxygen	1
< 94% on Room Air	

Attachment 3

AMERICAN SOCIETY OF ANESTHESIOLOGISTS

PHYSICAL STATUS CLASSIFICATION

A3.1. ASA Class I: No organic, physiologic, biochemical, or psychiatric disturbance.

A3.2. ASA Class II: Mild to moderate systemic disturbance that may or may not be related to the reason for surgery. Examples: Well-controlled hypertension (HTN), obesity, cigarette smoker, pregnancy, well-controlled diabetes mellitus, extremes of age (less than 2 years or greater than 70 years of age).

A3.3. ASA Class III: Severe systemic disturbance that may or may not be related to the reason for surgery. Examples: Heart disease that only slightly limits physical activity, poorly controlled essential HTN, diabetes mellitus with vascular complications, chronic pulmonary disease that limits activity, angina pectoris, and history of prior myocardial infarction.

A3.4. ASA Class IV: Severe systemic disturbance that is life- threatening with or without surgery. Examples: Congestive heart failure, persistent angina pectoris, advanced pulmonary, renal or hepatic dysfunction.

Attachment 4

GUIDELINES FOR AIRWAY PHYSICAL EXAMINATION AIRWAY EXAMINATION COMPONENT

Table A4.1. Guidelines for Airway Physical Examination Airway Examination Component.

Airway Examination Component	Non-Reassuring Findings
Length of upper incisors	Relatively long
Relationship of maxillary and mandibular incisors during normal jaw closure	Prominent "overbite" (maxillary incisors anterior to mandibular incisors)
Relationship of maxillary and mandibular incisors during voluntary protrusion of mandible	Patient cannot bring mandibular incisors anterior to maxillary incisors
Interincisor distance	Less than 3 centimeters
Visibility of uvula	Not visible when tongue is protruded with patient in sitting position
Compliance of mandibular space	Stiff, indurated, non-resilient, mass present
Thyromental distance	Less than 3 ordinary finger-breadths
Length of neck	Short
Thickness of neck	Thick
Range of motion of head and neck	Patient cannot touch tip of chin to chest, or cannot extend neck

Attachment 5

ADVERSE EVENT REPORTING

A5.1. Each provider and associated clinical service administering moderate sedation **must** maintain a quality assurance program to address all adverse events and process improvement initiatives. Each clinical service identified in **Table 9.1** of this instruction **must** appoint a member to correspond with the moderate sedation chairman who will report to quality assurance oversight of moderate sedation to ECOMS quarterly.

A5.2. **Table A5.1** contains a list but is not limited to, the potential adverse events related to moderate sedation, which require formal reporting to the provider's clinical leadership via the Operative and Invasive Peer Review Program or its equivalent to the Moderate Sedation Function (See **Attachment 6** for a comprehensive list). Note that the administration of a reversal agent, such as naloxone or flumazenil, is considered a proper chemical rescue and not a complication, from excessive use of opioids and hypnotics. However, its use does invoke some risk and should not be routinely used to hasten the emergence, recovery, and case turnover from moderate sedation.

Table A5.1. Potential Adverse Events Related to Moderate Sedation.

Wing Reporting Requirements:
Reversal Agent Use (i.e., naloxone or flumazenil) (**Note:** For use in trending data)
Modified Aldrete score < 8
Patient transferred for admission after procedure
Post procedure admission was related to sedation
Code Blue activated during procedure
Assisted ventilation required during procedure

A5.3. All adverse events and cases requiring the use of reversal agents, such as naloxone or flumazenil, require formal reporting to the provider's immediate supervisor and the Moderate Sedation Working Group in addition to patient safety even reporting per **paragraph 9.1** as above. The report should include the following:

A5.3.1. A provider's brief written summary of the circumstances that resulted in the adverse outcome and, if possible, the suspected cause and effect relationship leading to the adverse event or reversal drug use.

A5.3.2. Copy of the patient's sedation related medical records, such as the pre-sedation record, the intra-sedation record, post-procedure recovery and discharge record, etc.

A5.3.3. Copy of any supporting documents, labs, studies, consults, etc. which seem relevant to the adverse event or reversal drug use.

A5.3.4. The information surrounding the adverse or reversal use must be maintained confidential IAW local and national guidelines. In the event written documentation is not possible, a verbal report can be given with a written summary to follow.

Attachment 6

QUARTERLY QUALITY ASSURANCE SURVEY

Date: _____ Service: _____
Year: _____ Quarter: _____
Total Number of Moderate Sedation cases: _____

Performance and Outcome Evaluation

Total number of cases with Adverse Events: _____
Total number of cases employing reversal agents (i.e. naloxone/flumazenil):_____

Reportable Adverse Events Include.

Patient death
Cerebrovascular Accident (CVA)
Seizure
Myocardial Infarction/Ischemia
Malignant Cardiac Arrythmia
Cardiac Arrest
Pneumothorax
Drug reaction
Anaphylaxis
Hypothermia (<34 C)
Intravascular line complications
Peripheral Nerve Injury
Equipment Failure
Eye, Facial, & Dental trauma (unintended)
Pulmonary Edema/Embolism
Pulmonary Aspiration of Gastric Contents
Respiratory Arrest/Apnea
Reversal agent use
Delayed emergence (>30 min)
Delayed recovery >2 hours
Severe drug reaction
Blood transfusion reaction
Unanticipated difficult airway
Unanticipated intubation
Unanticipated return to procedure room
Unintended patient transfer (pain, N/V, etc)

Wing TJC Reporting Requirements.

Reversal agent use
Modified Aldrete Score <8
Patient transferred for admission after procedure
Post procedure admission was related to sedation
Code Blue activated during procedure
Assisted ventilation required during procedure

Attachment 7

MODERATE SEDATION PRIVILEGE REQUIREMENTS

Table A7.1. Moderate Sedation Privilege Requirements.

PROVIDER	INITIAL	ONGOING
Non-Anesthesia Privileged Provider	1. Current BLS, ACLS and/or PALS (If sedating pts less than 18yrs of age) as required by credentials based on specialty. 2. Successful completion of RELIAS Sedation training with test (excludes dentists). 3. Submission of "Request for Procedural Sedation Privileges	1. Current BLS, ACLS and/or PALS (If sedating pts less than 18yrs of age) as required by credentials based on specialty. 2. Submission of "Request for Procedural Sedation Privileges" 3. A records review of moderate sedation cases documented on AF Form 22** **Note: Consideration must be taken for all unplanned admissions, Cardiac or Respiratory arrests, aborted procedures, and unplanned reversals related to sedation.
Non-CRNA Registered Nurses	1. Current BLS, ACLS and/or PALS (If sedating pts less than 18yrs of age). 2. Successful completion of RELIAS Health Moderate Sedation training with test. 3. Completion of Moderate Sedation Course given by a credentialed anesthesia provider. 4. Completion of 2 moderate sedations proctored by a credentialed anesthesia provider and 3 moderate sedations proctored by a moderate sedation certified RN in the Gastroenterology Clinic.	1. Current BLS, ACLS, and/or PALS. 2. Successful completion of RELIAS Health Moderate Sedation training with test (every 2 years). 3. Perform two (2) moderate sedations while being proctored by a moderate sedation privileged RN in the Gastroenterology Clinic. **Note: If the RN has not performed two (2) moderate sedations in the previous 12 months, the RN must repeat the initial training requirements

Attachment 8

SUGGESTED MEMORANDUM TO REQUEST MODERATE SEDATION PRIVILEGES

OFFICE SYMBOL: DATE:

MEMORANDUM FOR Credentials Function, 59 MDW

SUBJECT: Request for Moderate Sedation Privileges

1. I am an authorized physician, dentist, or privileged medical staff member requesting privileges for moderate sedation. I have read 59th Medical Wing Instruction 44-137, *Moderate Sedation* and agree to follow its guidelines.

2. I have completed the appropriate life support courses and have a current certification. This requirement excludes dentists.

3. I have satisfactorily completed the required Moderate Sedation Course in RELIAS Health. NOTE: This requirement does NOT apply to dentists. They are required to follow the more extensive AFMS Dental Clinical Practice Guidelines.

Name_____

Service Dept_____

Service Medical Director_____ CONCUR NONCONCUR