



VMMC & Safdarjung Hospital,
Ministry of Health & Family Welfare,
Government of India, New Delhi.



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Document No.	TITLE		
SJH/ Document/ 31	Sedation Policy		
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Function	Name	Designation	Signature
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Distribution: Quality Cell, Medical Superintendent, All wards, ICUs, Emergency Block

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1.0 INTRODUCTION

Moderate or deep sedation/analgesia may be used to reduce the distress and pain associated with diagnostic and therapeutic procedures. Sedation is also potentially hazardous and it is important that it is performed as safely as possible.

2.0 PURPOSE:

- To define the methodology of providing and monitoring patients receiving moderate sedation at VMMC & Safdarjung Hospital.
- This policy addresses moderate/procedural sedation for both adult and pediatric populations.

3.0 ABBREVIATIONS:

ASA: American Society of Anesthesiology

4.0 DEFINITIONS: (As per ASA)

- **Minimal Sedation (Anxiolysis)** is a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and physical coordination may be impaired, airway reflexes, and ventilatory and cardiovascular functions are unaffected.
- **Moderate Sedation/Analgesia (Conscious 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. Cardiovascular function is usually maintained.
- **Deep Sedation/Analgesia** 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. Cardiovascular function is usually maintained.
- **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.

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5.0 SCOPE:

- Moderate/procedural sedation utilized for patients undergoing therapeutic, diagnostic and/or surgical procedures.
- This policy does not apply to patients being intubated for the purpose of placement on a ventilator, or to maintain sedation of patients on ventilators.
- The administration of moderate/procedural sedation can be done in the following areas of the hospital:
 - a. Critical Care Units
 - b. Emergency Departments
 - c. Imaging Departments
 - d. Cardiac Cath Lab
 - e. Operating Rooms and Post Anesthesia Care Units
 - f. Pediatrics

Identification of some established procedures where sedation is required to be listed by each of the above departments

6.0 RESPONSIBILITY:

- Licensed medical practitioner administering moderate/procedural sedation qualified to rescue patients from deep sedation, and competent to manage a compromised airway and to provide adequate oxygenation and ventilation.
- Nurse under the supervision of a doctor
- Deep sedation is restricted to use by anesthesiologists.

7.0 PROCEDURE

7.1 Pre-procedural checklist

- Patient assessment – patient is screened for potential risk factors for any pharmacological agents selected. Pre-procedure airway assessment is also performed.

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- Patients are classified as per the ASA Physical Status Classification (Annexure C); patients considered appropriate for moderate sedation are ASA Class I and Class II. Patients who meet ASA Class III or Class IV criteria need consultation with Anesthesia Department.
- Patient should be fasting to reduce risk of aspiration

Ingested Material	Minimum Fasting Period
Clear liquids	Peds-3 hours/Adults- 2 hours
Breast Milk	4 hours
Infant formula/ Non-human milk	6 hours
Light meal	6 hours
Regular meal	8 hours

- A separate informed consent is obtained for the administration of moderate/procedural sedation. The consent shall be taken by the person administering sedation or doctor member of the team administering sedation. This sedation consent should be different from informed consent for the therapeutic/diagnostic procedure itself .
- Emergency drug tray and resuscitation equipment must be available; the latter is checked to ensure it is functioning (Annexure D).
- Patient is cannulated.
- Baseline pulse rate, blood pressure, respiratory rate, oxygen saturation, end tidal CO₂, and level of consciousness are recorded.
- Weight is also recorded for paediatric patients.

7.2 Intra-procedure

- Vital signs (respiratory rate, heart rate, and blood pressure), oxygen saturation, and level of consciousness will be recorded every 5 minutes unless such monitoring interferes with the procedure (e.g., magnetic resonance imaging where stimulation from the blood pressure cuff could arouse an appropriately sedated patient).
- Continuous ECG monitoring is required for deep sedation.
- Qualified personnel must be present throughout the procedure.
- Person giving sedation and monitoring the patient should be different from the one performing the procedure

7.3 Post procedure

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- Observe and monitor patients in an appropriately staffed and equipped area until they are near their baseline level of consciousness and are no longer at increased risk for cardiorespiratory depression.
- Monitor oxygenation continuously until patients are no longer at risk for hypoxemia.
- Monitor ventilation and circulation at regular intervals (e.g., every 5 to 15 min) until patients are suitable for discharge.

7.4 Transportation of sedated patient: Whenever the patient must be transported to another area or back to the unit, the following is to be ensured:

- Patient is transported with a portable oxygen saturation monitor on.
- Qualified personnel and appropriate equipment (oxygen, resuscitation bag, mask, oxygen tubing, oral airway, E.T. tubes, laryngoscope blades and handles, portable suction and suction catheters) accompany the patient.

7.5 Discharge Criteria: The patient may be discharged when:

- Patient is conscious, at their baseline level of verbal ability, and able to follow age-appropriate commands
- Vital signs including respiratory rate and oxygen saturation are within normal limits for this patient for a minimum of 30 minutes
- Respiratory status is not compromised
- Motor function has returned to pre-procedural levels, or patient is able to sit or ambulate unassisted (if appropriate for age) without dizziness
- Pain and/or nausea are controlled or are consistent with procedure
- Patient has voided
- Dressing/procedure site are dry/clean

Written discharge instructions are given to patient/parent/guardian; these instructions are also verbally reviewed with patient/parent/caregiver prior to discharge.

7.6 Documentation – Proper documentation of

Pre Procedure –

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Pre procedure status

Fasting

Consent

Intra procedure – Besides the procedure done, sedation notes with drugs used, their route, monitoring of vital parameters to be documented

Post procedure – Monitoring, duration of stay and shifting orders need to be documented

8.0 VALIDITY STATEMENT

This document is valid for one year from the date of issue.

9.0 APPENDICES AND FORMS

- * Annexure A: Amendment sheet
- * Annexure B: Training log
- * Annexure C: ASA Physical Status Classification
- * Annexure D: Equipment required for the procedure
- * Annexure E: List of drugs for moderate/procedural sedation and their safe dosages for both adult and paediatric patients.

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Annexure A

AMENDMENT SHEET

VMMC & Safdarjung Hospital, New Delhi

Sr No.	Page No.	Clause No.	Date of Amendment	Amendment Made	Reasons	Signature of Officer In-charge	Signature of Medical Superintendent
1							
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Annexure B

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TRAINING LOG (Contents, Deviation and Amendment)

Sr.No	Training Attendee	Date	Signature
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Annexure C

ASA Physical Status Classification

- **ASA 1:** A normal healthy patient. Example: Fit, nonobese (BMI under 30), a non-smoking patient with good exercise tolerance.
- **ASA 2:** A patient with mild systemic disease. Example: Patient with no functional limitations and a well-controlled disease (e.g., treated hypertension, obesity with BMI under 35, frequent social drinker, or cigarette smoker).
- **ASA 3:** A patient with a severe systemic disease that is not life-threatening. Example: Patient with some functional limitation due to disease (e.g., poorly treated hypertension or diabetes, morbid obesity, chronic renal failure, a bronchospastic disease with intermittent exacerbation, stable angina, implanted pacemaker).
- **ASA 4:** A patient with a severe systemic disease that is a **constant threat to life**. Example: Patient with functional limitation from severe, life-threatening disease (e.g., unstable angina, poorly controlled COPD, symptomatic CHF, recent (less than three months ago) myocardial infarction or stroke).
- **ASA 5:** A moribund patient who is not expected to survive without the operation. The patient is not expected to survive beyond the next 24 hours without surgery—examples: ruptured abdominal aortic aneurysm, massive trauma, and extensive intracranial haemorrhage with mass effect.
- **ASA 6:** A brain-dead patient whose organs are being removed with the intention of transplanting them into another patient.

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Annexure D

Equipment required for procedure

- i. Pulse Oximetry
- ii. ETCO2 Monitor
- iii. Blood Pressure Monitoring Equipment
- iv. Cardiac Monitor
- v. Oxygen Source and Equipment
- vi. Oral Pharyngeal Airways
- vii. Ambu Bag and Facemask
- viii. Suction

Assure immediate accessibility of the following emergency equipment and personnel on the unit or in the area:

- i. Defibrillator with recorder capability
- ii. Adult or Pediatric Code Cart
- iii. Emergency Drug Box
- iv. ACLS Provider

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Annexure E

Medications to be used for Sedation

For areas other than Emergency Department, moderate sedation may be achieved using the following medications:

- Diazepam
- Ketamine
- Lorazepam
- Midazolam
- Morphine sulfate
- Fentanyl

In the Emergency Department, moderate/procedural sedation may be achieved using the medications listed above AND Etomidate and Propofol. (Etomidate and Propofol will ONLY be administered by an anesthetist).

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