Scope of Practice for the Registered Nurse in the Administration of Conscious Sedation and the Management of Patients Receiving Conscious Sedation

Conscious sedation is produced by the administration of pharmacologic agents administered singly or in combination. A patient under conscious sedation has a depressed level of consciousness, but retains the ability to independently and continuously maintain a patent airway and respond appropriately to physical stimulation and/or to verbal command. Conscious sedation may easily be converted into deep sedation or the loss of consciousness, because of the unique characteristics of the drugs used, as well as the physical status and drug sensitivities, of the individual patient. The administration of conscious sedation requires continuous monitoring of the patient and the ability to respond immediately to deviations from the norm. Conscious sedation should only be provided by an individual who is competent in thorough patient assessment, is able to administer drugs through a variety of routes, is able to identify responses which are a deviation from the norm, and is able to intervene as necessary. Conscious sedation is used in short-term, therapeutic, diagnostic, or surgical procedures.

For the purpose of this document, it is important to differentiate between conscious sedation, deep sedation and general anesthesia. For the purpose of this position statement, the following definitions apply:

**Conscious sedation** is a medically controlled state of depressed level of consciousness which allows the patient to independently and continuously maintain a patent airway, retain protective reflexes and respond appropriately to non-painful physical or verbal commands.

**Deep sedation** is a medically controlled state of depressed consciousness or unconsciousness during which the patient cannot maintain a patent airway independently, which may include loss of protective reflexes, from which the patient is not easily aroused and is unable to purposely respond to physical stimulation and/or verbal command. Anesthetic agents may be used to achieve deep sedation.

**General anesthesia** is a medically controlled state of unconsciousness accompanied by loss of protective reflexes, inability to maintain an airway independently and inability to respond to physical stimulation or verbal command.

The Oregon State Board of Nursing affirms that it is within the role and scope of practice for the Registered Nurse (RN) to administer conscious sedation and to manage patients who are receiving and recovering from conscious sedation. Further, the Board believes that this role is beyond the scope of practice for the Licensed Practical Nurse or the tasks allowed for unlicensed assistive personnel.

A Registered Nurse may administer medication to achieve conscious sedation during therapeutic, diagnostic, or surgical procedures provided the following criteria are met:

1) The Registered Nurse administers only non-anesthetic* drugs for conscious sedation, unless the Registered Nurse is also certified as a nurse anesthetist or unless the Registered Nurse administers anesthetic agents during an emergency under the direction and supervision of a physician.

2) The Registered Nurse must have demonstrated skill in airway management and emergency resuscitation through advanced cardiac life support (ACLS), pediatric advanced life support (PALS) or equivalent training.

3) The Registered Nurse must have successfully completed a program, either formal or informal, in conscious sedation. The content of that program must, at a minimum, contain information on
drugs used during conscious sedation, including reversal agents, their actions, side-effects and untoward effects. The program must also address appropriate interventions and physiologic measurements for evaluating respiratory rate, oxygen saturation, blood pressure, cardiac rate and rhythm, and the patient's level of consciousness.

4) The Registered Nurse administers medications to achieve conscious sedation by executing the order of a qualified anesthesia provider or attending physician.

5) The Registered Nurse assures that a physician will be present in the facility and available to respond immediately during the course of sedation (initiation through recovery) and other qualified persons will be available to respond in the event of an emergency.

6) It is recommended that a continuous, patent intravenous access be in place throughout the procedure and until the patient is recovered.

7) The Registered Nurse is responsible for monitoring the patient throughout the procedure as well as through the recovery phase. While the Registered Nurse is managing the care of patients receiving conscious sedation, he/she shall have no other responsibility that would leave the patient unattended or compromise continuous monitoring.

8) Emergency and resuscitative equipment must be available in the immediate area where the procedure is being performed.

9) The institution or practice setting must have written protocols in place to include but not be limited to patient monitoring, drug administration, and directions for dealing with potential complications or emergency situations. These protocols must be reviewed at frequent intervals to assure that they are within current and accepted standards of practice. The frequency of review should be consistent with review of other policies in the institution or practice setting.

10) The employer must have a mechanism for determining and documenting education/training, clinical competency, and a process for documenting the individual's demonstration of knowledge, skills, and ability related to management of patients during conscious sedation. Both evaluation and documentation of competence shall be done on a periodic basis according to institutional policy and within current and expected standards of nursing practice.

*This position statement addresses conscious sedation only. The administration of anesthetic agents by the Registered Nurse for deep sedation may be appropriate.

Adopted 11/14/97
Reaffirmed 2/99