

Recommended Practices for Managing the Patient Receiving Moderate Sedation/Analgesia

The following recommended practices for managing the patient receiving moderate sedation/analgesia were developed by the AORN Recommended Practices Committee and have been approved by the AORN Board of Directors. They were presented as proposed recommendations for comments by members and others. They are effective January 1, 2008.

These recommended practices are intended as achievable recommendations representing what is believed to be an optimal level of practice. Policies and procedures will reflect variations in practice settings and/or clinical situations that determine the degree to which the recommended practices can be implemented.

AORN recognizes the various settings in which perioperative nurses practice. These recommended practices are intended as guidelines adaptable to various practice settings. These practice settings include traditional operating rooms, ambulatory surgery centers, physician's offices, cardiac catheterization laboratories, endoscopy suites, radiology departments, and all other areas where surgery may be performed.

References to nursing interventions (I) used in the Perioperative Nursing Data Set, second edition, (PNDS) are noted in parentheses when a recommended practice corresponds to a PNDS intervention.¹ The reader is referred to the PNDS for further explanation of perioperative nursing diagnoses, interventions, and outcomes.

Purpose

Moderate sedation/analgesia is a drug-induced, mild depression of consciousness achieved by the administration of sedatives or the combination of sedatives and analgesic medications, most often administered intravenously, and titrated to achieve a desired effect. The primary goal of moderate sedation/analgesia is to reduce the patient's anxiety and discomfort. Moderate sedation/analgesia also can facilitate cooperation between the patient and caregivers.² Moderate sedation/analgesia produces a condition in which the patient exhibits a mildly depressed level of consciousness and an altered perception of pain, but retains the ability to respond appropriately to verbal and/or tactile stimulation. The patient maintains protective reflexes, may experience some degree of amnesia, and has a rapid return to activities of daily living.³

The desired effect is a level of sedation with or without analgesia whereby the patient is able to tolerate diagnostic, therapeutic, and invasive procedures through relief of anxiety and pain. The four distinct characteristics of moderate sedation/analgesia are:

- ◆ The patient is able to respond purposefully to verbal commands or light tactile stimulation.
- ◆ The patient is able to maintain his or her protective reflexes and communicate verbally.
- ◆ The patient can maintain adequate, spontaneous ventilation.
- ◆ There are minimal variations in vital signs.²

Recommendation I

The perioperative registered nurse administering moderate sedation/analgesia must practice within the scope of nursing practice as defined by his or her state and should be compliant with state advisory opinions, declaratory rules, and other regulations that direct the practice of the registered nurse.⁴

The methods of monitoring used with patients who receive moderate sedation/analgesia, the medications selected and administered, and the interventions taken must be within the legal definitions of the scope of practice of the registered nurse.⁵

- 1.a. In accordance with state and local laws and regulations, a licensed independent practitioner qualified by education, training, and licensure to administer moderate sedation should supervise the administration of moderate sedation.
- 1.b. The perioperative registered nurse should consult with his or her state board of nursing for any changes or revisions to declaratory rulings and other guidelines that relate to the perioperative registered nurse's role as a provider of moderate sedation/analgesia.⁵ (PNDS: 11)

The professional obligation of the perioperative registered nurse to safeguard clients is grounded in the ethical obligation to the patient, the profession, society, the American Nurses Association's (ANA) *Standards of Clinical Nursing Practice*, AORN's "Explications for perioperative nursing," and state nurse practice acts.^{4,6}