MedStar Health

NURSING

Nursing Professional Development
Competency Assessment: *Moderate Sedation*

Name:_____	Title:_____
Date of Hire:_____	Dept/Site/Service:_____

GUIDE FOR COMPETENCY ASSESSMENT

Directions: Indicate that the provider has "met" each performance criteria/key element by initialing in the appropriate column. Please initial, sign and date at the bottom of the form where indicated.

Competency Assessment Type Key:	**Competency Assessment Method Key:**
1. Regulatory Accreditation 2. High Risk 3. Low-Volume 4. Problem Prone 5. New 6. Practice Change 7. Improvement Action Plan	a. Continuing Educational Activities b. Direct Observation c. Knowledge Test d. Medical Record Review/Audit e. Participation in In-service Training f. Participation in Discussion Groups g. Peer Review h. Return Demonstrations/Skill Review i. Simulation

Objective: Evaluate and demonstrate appropriate patient assessment, medication administration, monitoring and interventions during all phases of moderate sedation. Apply knowledge of physiologic changes in patients receiving moderate sedation to render appropriate care and interventions.

Designation: ____ **Orientation** ____ **Annual** ____ **Remedial**

COMPETENCY ASSESSMENT PROCESS

Key Performance Expectations	Type (Code)	Assessment Method (Code)	Satisfactory	Needs Practice
Performs hand hygiene		I		
Performs PPID		I		
Ensures the Informed Consent is complete per Standard Practice		I		
Verifies post procedure escort and transport available		I		
Ensures Narcan, Romazicon, emergency equipment, code cart, defibrillator, suction apparatus, and oxygen supply systems are readily available		I		

	Reviews H & P including allergies (OSA, pulmonary disease, ASA level ≥ 3 may require anesthesia)		I		
	Assess NPO status		I		
	Performs Pre-Procedure assessment • Vital signs • RASS Score • Pain Level • Level of Consciousness • Activity		I		
	Performs an Airway/Ventilation assessment Risk factors: • Small Mouth opening < 3 finger breaths • Visible anterior neck mass • Short thick/non-visible neck • Oxygen saturation < 92% on room air May require an anesthesia consult		I		
	Auscultates breath sounds		I		
	Establishes/Ensures patient IV access		I		
	Applies EKG, pulse oximeter, blood pressure cuff		I		
	Oxygen 2L/NC and EtCO2		I		
	Documents Pre-Procedure Assessments under Procedural Sedation documentation				
	Time Out/Universal Protocol per Standard Practice		I		
	Ensures all medications are labeled		I		
	Administers Medications as ordered, **with provider present and after Time Out;** incrementally doses titrated to effect (recognizes when dose may be greater than guidelines or if dose has not peaked yet)		I		
	Monitors and documents VS, RASS/LOC, pain, ECG rhythm, EtCO2, continuous SpO_2 every 5 minutes		I		
	Recognizes and alerts LIP of patients with abnormal EtCO2, decreased SpO_2 levels, airway obstruction or significant clinical change in patients' vital signs, or status		I		
	Recognizes abnormal EtCO2 and decreased SpO_2 levels signs, signs & symptoms of respiratory depression, air obstruction and **responds appropriately** • Stimulates patient • Open airway head tilt, chin lift, jaw thrust • Insert oral or nasal airway Increase supplemental oxygen Use Bag-Mask-Valve		I		

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	Ask LIP to STOP the procedure if significant clinical deterioration present		I		
	Administers reversal agents as ordered (Narcan for opiates 0.4 mg in 10 ml syringe +9 ml NS - 40mcg/ml, may repeat max 10 mg; Romazicon for Benzodiazepines 0.2 mg over 15 sec max 3mg/hr)		I		
	Documents all interventions and patient responses to those interventions		I		
	Describe post-procedure monitoring and discharge criteria/process: • Monitor and document vital signs, ECG rhythm, SPO2, RASS, pain, Sedation Recovery Score every 10 minutes for a minimum of 30 minutes • If Narcan or Romazicon was administered, the patient must be monitored for at least 2 hours following the last dose. Discharge Criteria/Process • Recovery Score ≥ 11 *OR* back to pre-procedure baseline assessment • Obtain discharge VS and temp • Discharge the patient per provider's order • Provide discharge instructions, education to patient and family/escort as directed by provider		I		
FOLLOW-UP	**Action Plan for Remediation:**				

Associate's Name:_____ Signature: _____

Evaluator's Name:_____ Signature: _____

Date:_____

C. Guidelines for the dosage of common pharmacological agents used at MedStar Hospitals will be provided per institution:
MWHC Medication Guidelines for Moderate Sedation

Agent	Onset	Peak	Duration	Antagonist	Half-life	Usual Dose	Notes
BENZODIAZEPINES							
Midazolam (Versed)	IV: 1-5 min.	IV: 2 min.	IV: 20-40 min.	Flumazenil	1-4 hrs.	0.5mg-2mg over 2 min. May repeat ½ dose q5 min. (Do NOT exceed 2.5 mg as initial dose or 1.5 mg initially in elderly) Max 5mg	Give slowly. May repeat q5 min. w/ 0.5mg; can be given by infusion. Elderly may exhibit paradoxic excitement. Decrease dose by 30% if patient is taking other narcotics or CNS depressants.
OPIOIDS (Narcotics)							
Fentanyl (Sublimaze)	IV: 1-3 min.	IV: 5-15 min.	IV: 30-60 min.	Naloxone	2-4 hrs.	25-100mcg Max 100mcg	May repeat 25mcg q5min. Give slowly to prevent chest wall rigidity. Apnea may occur.
Meperidine (Demerol)	IV: 2-5 min.	IV: 5-35 min.	2-4 hrs.	Naloxone	2.5-4 hrs.	25-50 mg IV over 2 min. Max 150 mg	May repeat 10-15 mg q15 min. Use with caution in patients with liver, renal disease. Do not use in patients taking MAO inhibitors.
ANTAGONISTS							
Naloxone	IV: 1-2 mins.	6-10 min.	30-120 min.	N/A	60-90 min.	0.4-2 mg IV May titrate for reversal (add 0.4 mg in 10 ml syringe: give 1 ml= 0.04mg)	May repeat q1 min to max of 10 mg. Observe for re-sedation. May not reverse CV effects. May cause non-cardiogenic pulmonary edema.
Flumazenil (Romazicon)	1-3 min.	6-10 min.	1 hr.	N/A	40-80 min.	0.2 mg IV over 15 sec. Max 3 mg/hr. May repeat q1 min to max 1 mg.	Observe for re-sedation. Use with caution in patients with a history of benzodiazepine abuse or seizures.

Nursing Moderate (Procedural) Sedation Documentation in MedConnect

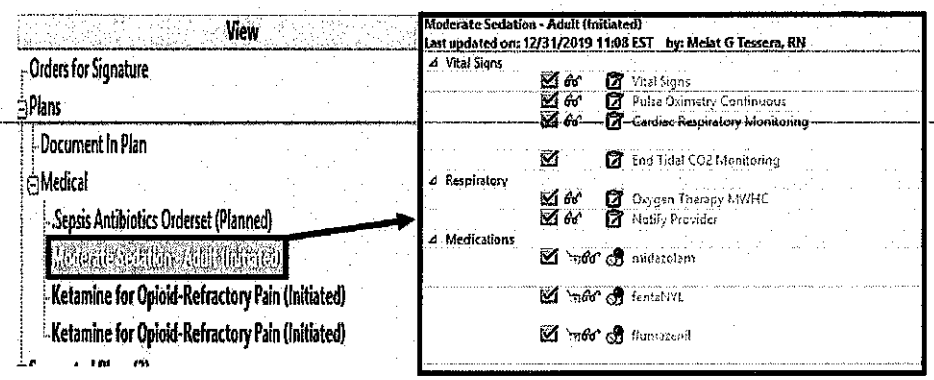
Items remaining on paper:

Note: *Some documentations will remain on paper until further notice.*

1. Procedure Consent
2. Procedure Verification Check list
3. Provider(s) Procedure paper works such as pre-procedure assessments

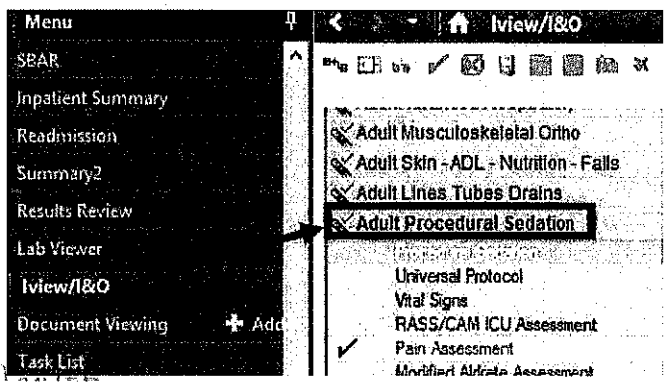
Obtain and Review/ Initiate Moderate Sedation orderset:

- Moderate Sedation orderset must be obtained prior to proceeding with the procedure
- Review orderset to ensure that the order is complete
- Initiate Moderate Sedation orderset

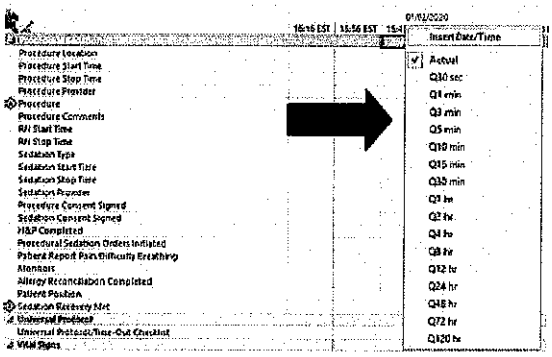


Moderate Sedation Nursing Documentations workflow:

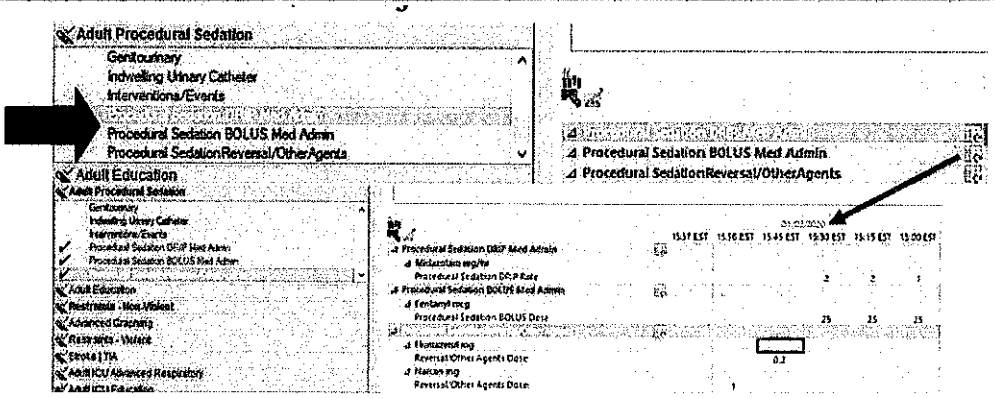
1. Verify that the patient is attached to appropriate BMDI devices such as monitor, ECTO2 and IV pump(s) and validate that data is flowing into iAware from the devices attached to the patient
2. Set the Vital Signs time interval on the monitor to required frequency such as q3min if patient doesn't have an arterial line.
3. Open patient's chart to iView/I&O → Select "Adult Procedural Sedation" Band



4. Document appropriate sections related to the procedure as well as assessments, including Pain, RASS, VS, LOC, Extremity movement and Recovery Score Pre-Procedure
   - ❖ **Note:** Assessments documented in the ***Adult ICU System Assessment Band*** will flow over and display in ***Adult Procedural Sedation*** as well
5. Change iView flowsheet time interval as needed



6. **During Procedure**:
   - ❖ Document assessments and Vital Signs per hospital policy and Provider order
   - ❖ Manually document the increment amount of medication (s)administrated in **Procedural Sedation DRIP Med Admin, Procedural Sedation BOLUS Med Admin** or/and **Procedural Sedation Reversal/Other Agents** section



7. **Post- Procedure:**
   - ❖ Complete Post-Op documentations per hospital policy and Provider order
   - ❖ Document(reconcile) the total amount of medication administrated during procedure:
     - ✓ On the eMAR following PPID/PMID Policy such as Bolus and Reversal agent administration
     - ✓ Verify and Sign any IV drip rate change(s) in iAware

Note: Medication documented under ***Procedural Sedation DRIP Med Admin, Procedural Sedation BOLUS Med Admin*** and/or ***Procedural Sedation Reversal/Other Agents sections of Moderate Sedation*** will not flow over to the MAR. **All medications administration MUST be reconciled on the MAR following the PPID/PMID policy/procedure.**