

ADULT CONSCIOUS SEDATION AND RECOVERY PROGRAM POLICY & PROCEDURE

BACKGROUND

The Adult Conscious Sedation and Recovery Program (ACSRP) provides administration, monitoring and recovery for patients (ages 16 and older) undergoing scheduled procedures requiring conscious sedation. The ACSR is available Monday through Friday from 0800 to 1630 (excluding holidays).

I. POLICY

A. Patients monitored and recovered by the Adult Conscious Sedation and Recovery Program are:

1. at least 16 years old
2. prescheduled
3. assessed and accepted into program by ACSR RN
 - a. contraindications include patients with:
 1. significant hepatic dysfunction
 2. thyroid, renal, adrenal dysfunction
 3. known allergies to IVCS medications
 4. on MAOIs or Tricyclic Antidepressants
 5. unstable vital signs (except cardioversion)
 6. any condition which would prevent bag ventilation
 7. no visible IV access area(s)
 8. pregnant women
 - b. proper emergency equipment and drugs at remote site
4. monitored and recovered between the hours of 0800 - 1200 or 1300 - 1600, Monday-Friday
5. scheduled for one or more of the following department procedures
 - a. Cardiology
 1. Transesophageal echocardiogram
 - b. EEG
 1. Electroencephalogram
 2. Somatosensory evoked potential
 - c. Respiratory Medicine
 1. Bronchoscopy
 2. Inpatient pleurodesis
6. to receive only the following medications:
 - a. Intravenous medications for conscious sedation
 1. Versed
 2. Fentanyl
 3. Morphine Sulfate

4. Valium

b. Narcotic Antagonists

1. Narcan
2. Romazicon

5. To receive standardized care provided by a RN with demonstrated competency and skills in conscious sedation and recovery protocol.

B. The Adult Conscious Sedation Program RN will **not** be assigned as the Aprocedure≡ RN.

II. PURPOSE

To ensure that patients undergoing conscious sedation are monitored and recovered by personnel who have demonstrated competence and to provide standardization of care for patients during and after conscious sedation administration.

III. PROCEDURE:

A. SCHEDULING

1. There are two block times per day, 0800-1200 and 1300-1600
2. The 0800-1200 block time will be reserved for a specific department/service until 1400 the day prior to the scheduled procedure
3. The 1300-1600 block time is Aopen scheduling" for all participating departments/services
4. Service specific scheduling is accepted up to 1300 the day before the scheduled procedure
 - a. ancillary departments/services submit schedule by fax using the ACSRP Scheduling Form (see attached) to 793-4332
 - b. procedures may be scheduled by phone by calling x52138
 - c. all required scheduling information provided by phone or in writing **must** be complete
 - d. a copy of the consent and discharge orders **must** be faxed at time of scheduling
 - e. department/service will order and obtain charts from Medical Records
 - f. ACSRP staff will pick up charts from department/service the weekday prior to scheduled procedure between 1700 and 1730
5. Non-utilized service specific block time is released at 1400 the day before and is available for scheduling by any service/department on a first come basis until 1630
6. Same day scheduling is accepted only if there is block time and adequate staffing available
7. Department/service physician to physician arranges bumping
8. The Resource RN monitors and recovers patients undergoing urgent/emergent

conscious sedation procedures and procedures that take place during ACSRPN non-operational hours

B. CANCELLATIONS

1. Must be called to the PACU ASAP x55242 or x52138
2. Patient/other service notification is physician responsibility when preceding procedure extends past scheduled time and remaining block time is insufficient for to-follow procedure

C. MONITORING AND RECOVERY BY ACSRPN RN

1. General Information

- a. ACSRPN RN is responsible for all supplies, equipment, and medications administered or used in the ACSRPN area
- b. ACSRPN RN is **not** responsible for specialty equipment, supplies, medications, and other items needed for the actual procedure unless arranged in advance
- c. ACSRPN RN will **not** assist with the procedure while providing conscious sedation
- d. ACSRPN RN may start IV=s when ordered by the attending physician.
- e. Emergency resuscitation equipment and supplies are available and maintained
 1. by the ACSRPN RN in ACSRPN area
 2. by department/unit outside ACSRPN area
- f. Security and maintenance of specialty equipment and supplies stored in the PACU is the responsibility of the ancillary service/department

2. PROCEDURES DONE IN THE ACSRPN AREA

a. Out-Patient

1. checks in with Admitting Office for short stay at least 1 hour before scheduled appointment
2. report to Ambulatory Surgery Unit (ASU) reception for sign-in
3. the department/service and ACSRPN RN is notified that the patient has arrived in ASU
4. patient dons appropriate hospital attire

b. In-Patients

1. ACSRPN RN calls inpatient unit when ready to receive patient
2. in-patient unit transports patient directly to ACSRPN area

c. Post-procedure recovery is done in the ACSRPN area by the ACSRPN RN

3. PROCEDURES DONE OUTSIDE THE ACSRPN AREA

- a. The requesting department is responsible for providing all supplies, equipment and medications required for the procedure and for conscious sedation
- b. ACSRPN RN is responsible for checking all items for use during conscious sedation before the procedure
- c. ACSRPN RN does **not** assist with the procedure while providing conscious sedation
- d. Out-patients
 1. check in with the department ordering the procedure and follow the

- department criteria for admission
 - 2. the department notifies ACSRP when the patient has arrived on the unit by calling x52138
 - e. In-patients
 - 1. MICU, SICU, CCU, and Burn Center are responsible for staffing their own on-unit conscious sedation procedures
 - 2. coordination of nursing unit support is prearranged by the physician with the nursing unit
 - e. ACSRP RN goes to the department at scheduled procedure time or notifies department/unit of time estimate for to-follow procedure
 - f. Post-procedure patients are transported to the PACU for recovery
 - 1. patients **must** be transported by the ACSRP RN **and** attending physician
 - 2. *exception*: patient with condition necessitating recovery on nursing unit or department
- 4. RECOVERY AND DISCHARGE according to Secondary Recovery guidelines (See Policy A-6553-26 Post-Operative Care in Secondary Recovery and A-6553-28 Discharge Criteria from Secondary Recovery)
 - a. patient discharged directly from the ACSRP area
 - 1. discharge instructions given as ordered
 - 2. follow-up appointments are the responsibility of the department ordering the procedure (primary department) and must be made prior to procedure
 - 3. arrangements for discharge medications must be made by the primary department prior to procedure
 - b. patient may be discharged from primary department after recovery at physician request
 - 1. ACSRP RN arranges transport from ACSRP area to primary unit
 - 2. ACSRP RN sends patient chart with patient to primary unit with transport person

D. PROCEDURES REQUIRING ANESTHESIA

- 1. All procedures requiring an anesthesiologist must be scheduled through the Department of Anesthesiology
- 2. The anesthesiologist is responsible for scheduling space in ACSRP for the procedure.
 - a. ACSRP RN does **not** assist with procedure.
 - b. arrangements must be made in advance for ORS RN procedural support
- 3. Recovery by the ACSRP RN must be prescheduled by the anesthesiologist following scheduling guidelines