



Non-Hospital Medical and Surgical
Facilities Accreditation Program

ACCREDITATION STANDARDS

IV Procedural Sedation and Analgesia for Adults

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The Non-Hospital Medical and Surgical Facilities Accreditation Program and the College of Physicians and Surgeons of BC has

Introduction

Intravenous procedural sedation and analgesia must only be performed in non-hospital facilities accredited by the College of Physicians and Surgeons of BC. This standard is intended for minimal and moderate levels of sedation only. IV procedural sedation and analgesia is

administered to provide analgesia and amnesia resulting in depression of the patient's level of consciousness so as to facilitate the performance of a diagnostic, therapeutic or invasive procedure and to minimize the adverse psychological effect associated with the procedure. IV procedural sedation and analgesia medications are to be administered in small incremental doses that are titrated until the desired level of sedation/analgesia is achieved.

As per the American Society of Anesthesiologists' (ASA) Continuum of Depth of Sedation, the functional characteristics of minimal and moderate sedation are as follows:

Minimal sedation (anxiolysis) is a drug-induced state during which the patient responds

This standard does not apply to: general or major conduction anesthesia (e.g. spinal or epidural/caudal block), peripheral nerve blocks, local or topical anesthesia, 50% or less nitrous oxide in oxygen with no other sedative or analgesia medications by any route or single, oral sedative, or analgesic medication administered in doses appropriate for the treatment of anxiety or pain.

No.	Description	Reference	Risk	Change
IVS1.6.1	M An anesthesiologist is dedicated to the			

No.	Description	Reference	Risk	Change
IVS1.7.1	M A physician is dedicated to the operating/procedure room from the			

No.	Description	Reference
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No.	Description	Reference	Risk	Change
IVS1.8.3	M A second nurse is dedicated to the operating/procedure room from the start to the finish of each procedure.			

No.	Description	Reference
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No.

No.	Description	Reference	Risk	Change
IVS1.12.1	M <p>Continuous pulse oximetry monitoring is established. Guidance: Monitoring cardiac rate and rhythm, blood pressure, respiratory rate, oxygen saturation, end-tidal CO₂ and level of consciousness/depth of sedation supports the early recognition of cardiac and respiratory depression. Oxygen saturation must be continuously monitored as displayed by pulse oximeter. At a minimum, blood pressure, respiratory rate, oxygen saturation (as displayed continuously by pulse oximeter) and level of consciousness/depth of sedation (ability to follow directions and maintain own airway) are monitored and recorded at baseline and then every five minutes thereafter.</p>		H	
IVS1.12.2	M <p>Continuous cardiac monitoring is established throughout the administration of moderate and deep procedural sedation. Guidance: Monitoring cardiac rate and rhythm, blood pressure, respiratory rate, oxygen saturation, end-tidal CO₂, and level of consciousness/depth of sedation supports the early recognition of cardiac and respiratory depression. Cardiac monitoring is required for all moderate sedation and for deep sedation. For minimally invasive procedures in suitable patients without significant cardiorespiratory disease, and where dysrhythmias are not anticipated, the requirement for cardiac monitoring may be waived if continuous pulse oximetry is used and the level of sedation achieved is only minimal to moderate. The cardiac rhythm is interpreted at baseline prior to start of the <i>procedure and a rhythm strip is secured into the patient's medical record. In addition, the cardiac rhythm is interpreted if there is any change from baseline (e.g. bradycardia, tachycardia, life-threatening rhythm) and another rhythm strip is secured into the patient's medical record. Heart rate and rhythm must be continuously monitored using a dedicated cardiac monitor. Using an automated external defibrillator (AED) or manual external</i></p>			

References

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