


Name of Policy: Resident Moderate (Conscious) Sedation		 <p>Effective date: 03/03/15</p>	
Policy Number: 3364-86-037-00			
Approving Officer: Chancellor and Executive Vice President for Biosciences and Health Affairs and Dean, College of Medicine and Life Sciences			
Responsible Agent: Director, Graduate Medical Education			
Scope: UT College of Medicine Residents			
	New policy proposal	Minor/technical revision of existing policy	
	Major revision of existing policy	X	Reaffirmation of existing policy

Policy

All residents must complete the Moderate (Conscious) Sedation education, at the discretion of the Program Director.

Residents can only administer moderate sedation under the supervision of a privileged attending physician.

If the resident wishes to be credentialed to administer conscious sedation, the resident’s program director must complete the Request for Credentialing form (Appendix A).

Residents will be required to comply with Institutional policy for each site where they participate in educational activities of their program.

Purpose

To assure safe administration of conscious sedation to adult and pediatric patients.

Procedure

Definitions:

Moderate Sedation is defined as the administration of any pharmacological agent which will likely cause a medically controlled state of depressed consciousness. This state would be limited to short periods and utilized for diagnostic and therapeutic procedures that 1) allow protective reflexes to be maintained, 2) retain the patient’s ability to maintain a patent airway, respiratory rate and rhythm and 3) permit expected responses by the patient to physical stimulation and verbal command. Administration of such agents, at doses not expected to cause a state of depressed consciousness, for the purpose of controlling pain or reducing anxiety, is outside the scope of this policy.

Deep Sedation is a state of depressed consciousness as the result of drug administration in which the patient is not easily roused by verbal stimulation and has inhibition of normal airway reflexes. This policy does NOT cover deep sedation.

Monitored Anesthesia Care is defined as those procedures in which an anesthesiologist has been called upon to provide specific anesthesia services to a particular patient undergoing a planned procedure, in connection with which a patient receives local anesthesia or, in some cases, no anesthesia at all. In such a case, the anesthesiologist is providing specific services to the patient and is in control of the patient’s non-surgical or non-obstetrical medical care, including the responsibility of monitoring of the patient’s vital signs, and is available to administer anesthetics or provide other medical care as appropriate. This policy does NOT cover monitored anesthesia care.

The following two tables describe the proximity of certified attending supervision of resident activities (at bedside with resident, in the hospital, within 30-minute proximity to bedside) for multiple post-graduate year (PGY 1, PGY 2, PGY 3-10) residents performing a bedside procedure with conscious sedation. Please note that in the emergency department or critical care unit (Table 2) less attending supervision is required than in other areas of the hospital and outpatient areas (Table 1).

Table 1: Med-Surgery/OPD

Attending Supervision	Bedside	In-House	< 30 Minutes
PGY			
PGY 1	X		
PGY 2	X	X	
PGY 3-10	X	X	X

Table 2: ED/ICU/CCU

Attending Supervision	Bedside	In-House	< 30 Minutes
PGY			
PGY 1	X	X	
PGY 2	X	X	X
PGY 3-10	X	X	X

Requirements for Certification (required for all residents):

Review of the moderate sedation video and satisfactory completion of the post-video case study.

- Viewing the video and successfully completing the test online (<http://hsc.utoledo.edu/depts/medstaff/sedation.html>)

OR

- requesting the moderate sedation video and a test from the Medical Staff Office
- viewing the video

- successfully completing the test
- returning the video and test (for scoring) to the Medical Staff Office

Requirements for Credentialing:

Complete the Request for Credentialing Form (appendix A)

<p>Approved by:</p> <p>_____</p> <p>Chairman, Graduate Medical Education Committee</p> <p>_____</p> <p>Chancellor and Executive Vice President for Biosciences and Health Affairs and Dean, College of Medicine and Life Sciences</p> <p>Review/Revision Completed by: <i>Graduate Medical Education Committee</i></p>	<p>Policies Superseded by This Policy:</p> <p>None</p> <p>Initial effective date: 06/05/07</p> <p>Review/Revision Date: 06/05/07, Reviewed 6/2/2009, Reviewed 6/7/2011, Reviewed 6/4/2013, Reviewed 3/3/15</p> <p>Next review date: 3/2017</p>
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Note: The printed copy of this policy may not be the most current version; therefore, please refer to the policy website (<http://utoledo.edu/policies>) for the most current copy.



Resident Request for Credential to Administer Moderate (Conscious Sedation)

A. To be completed by the Resident. Please check the appropriate box(es) for the following:

Adult Moderate Sedation Administration Request

I have reviewed the adult moderate conscious sedation video and have satisfactorily completed the post-video case study as per the instructions noted above.

Pediatric Moderate Sedation Administration Request

I have reviewed the pediatric moderate conscious sedation video and have successfully completed the post-video case study as per the instructions noted above.

I certify that I have completed the requirements to administer moderate sedation as outlined above within the last year. I understand that I will need to review the educational material annually in order to continue administering moderate sedation.

Resident Signature _____ Date _____

Resident Printed Name _____

Residency Program _____

B. To be completed by the Program Director.

Residency Program Director Approval

I have reviewed the request to administer moderate sedation for the above named resident, and recommend credentialing based on the resident's current licensure, training and/or experience, current competence and ability to perform moderate sedation.

Program Director _____ Date _____

Program Director Printed Name _____

C. Return this form to the Medical Staff Office of University Medical Center, 2nd Floor, Dowling Hall.

Copies to be sent to: 1) Resident's file
2) GME Office