



**MEDICAL CENTER POLICY NO. 0153 (VI.6.30)**

- A. SUBJECT: Moderate or Deep Sedation/Analgesia by Non-Anesthesiology Providers for Diagnostic or Therapeutic Purposes
- B. EFFECTIVE DATE: July 1, 2005 (R)
- C. POLICY:

Moderate or deep sedation/analgesia administered in association with the performance of procedures for diagnostic or therapeutic purposes shall be provided by competent staff, in approved settings, and shall be monitored throughout the University of Virginia Medical Center.

This Policy is supplemented by the clinical and practice guidelines set forth in the *Protocol for Moderate or Deep Sedation/Analgesia in Adult Patients* and the *Protocol for Moderate or Deep Sedation/Analgesia in Children and Adolescents*, which can be found at <https://www.healthsystem.virginia.edu/intranet/pi/guidelines/clinguide.cfm>. Each of these Protocols shall be reviewed and revised regularly to conform to applicable standards of practice and legal and regulatory requirements.

Sedation/analgesia for procedures shall be conducted using the definitions outlined in the *Continuum of Depth of Sedation – Definition of General Anesthesia and Levels of Sedation Analgesia* adopted by the American Society of Anesthesiologists (ASA).<sup>1</sup> The level of a patient's sedation shall be defined by the patient's psychologic and physiologic state and the ability to maintain a patent airway and spontaneous ventilation, and not by the route, dose or specific drug used.

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<sup>1</sup> As defined by the American Society of Anesthesiologists, the continuum of sedation/analgesia ranges from "minimum sedation (anxiolysis)" through "moderate sedation/analgesia (conscious sedation)" to "deep sedation/analgesia" and "general anesthesia". (*Continuum of Depth of Sedation, Definition of General Anesthesia and Levels of Sedation/ Analgesia*, American Society of Anesthesiologists, October 13, 1999, amended October 27, 2004; Practice Guidelines for Sedation and Analgesia by Non-Anesthesiologists, An Updated Report by the ASA Task Force on Sedation and Analgesia by Non-Anesthesiologists, *Anesthesiology* 96: 1004-1017, April 2002.)

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Intended *deep* sedation shall be conducted only at sites reviewed and approved by the Chair, Department of Anesthesiology. If a department, clinic or procedure area identifies a need to incorporate intended deep sedation into its services, approval will be sought and obtained from the Chair, Department of Anesthesiology, in consultation with the Senior Associate Dean for Clinical Affairs. Such proposal will include the patient population and procedure(s) requiring deep sedation, a protocol outlining drug(s) and dosage ranges intended for use, and the credentials and training of practitioners who will engage in the practice.

Practices that are specifically excluded from this policy are:

1. Use of sedation/analgesia for the relief of pain, anxiety, or insomnia that is not procedure-related.
2. Use of additional sedation/analgesia for procedures in continuously-monitored, intubated patients (endotracheal or tracheostomy) when completed in a critical care or intermediate care unit or the Emergency Department. (Off-unit procedures are not exempt: Patient care for intubated patients transported from critical care or intermediate care units or the Emergency Department for procedures in other locations shall be provided in accordance with this policy and the Protocols for Moderate or Deep Sedation.)
3. Sedation associated with intubation, mechanical ventilation, and the maintenance of medical devices for patients in a critical care unit, the Operating Room, the Emergency Department, or while under the care of the NETs or Pegasus transport services.
4. Use of low doses of a drug or drugs with sedative-analgesic properties for the relief of anxiety (“anxiolysis”) that is procedure-related and where the drug(s) and dose selected can reasonably be expected to produce a “minimal” or light level of sedation and not a “moderate” level of sedation.
5. Use of low doses of an analgesic drug(s) to blunt pain associated with a procedure and where the intent of drug administration is not to sedate the patient.
6. Post-operative analgesia.
7. Peripheral nerve blocks, local anesthesia, topical anesthesia, general anesthesia or major conduction anesthesia.
8. Monitored anesthesia care provided by an anesthesiologist or certified registered nurse anesthetist (CRNA).

D. PROCEDURE:

1. Patient assessment, consistent with the requirements of the *Rules and Regulations of the Clinical Staff of the University of Virginia Medical Center* and Medical Center Policy No. 0241, shall be conducted on all patients who are candidates for a procedure that requires the administration of moderate or deep sedation/analgesia including any research protocol approved by the Human Investigations Committee. Based upon the results of this assessment, a physician, dentist, or other appropriately credentialed licensed independent

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practitioner (LIP) shall determine whether the patient is an appropriate candidate for the intended procedure and the administration of moderate or deep sedation/analgesia and shall develop the plan of care and reevaluate the patient immediately prior to the commencement of the planned procedure and the administration of any sedative/analgesic drug.<sup>2</sup>

Informed consent shall be obtained consistent with the requirements of Medical Center Policy No. 0024.

2. Patient Management

The licensed independent practitioner(s) responsible for performance of the procedure and/or the administration of sedation shall determine that a sufficient number of qualified staff, in addition to the practitioner performing the procedure, are present during any procedure that requires the administration of moderate or deep sedation/analgesia to evaluate, monitor and recover the patient, provide the sedation/analgesia, and assist with the procedure. At least one healthcare practitioner shall be assigned to monitor and respond appropriately to the patient's clinical condition and response to medication.

3. The University of Virginia Medical Center shall implement programs of quality monitoring for all administrations of moderate and deep sedation/analgesia for diagnostic or therapeutic procedures. All such programs shall be overseen, directed and reviewed through the Quality and Performance Improvement Program.
4. Clinical chairs, faculty, administrators and unit and program managers shall ensure that all practitioners who are involved in the administration of moderate or deep sedation/analgesia for diagnostic or therapeutic purposes are competent, acting within the scopes of their individual areas of practice and hold such privileges as may be required for performance of procedures.
5. Local or Specialized Protocols that differ from the general requirements of the two supplemental Protocols may be developed for patients whose clinical conditions require more extensive and specialized procedures. Any such Local or Specialized Protocol shall be presented for review and approval by a panel consisting of at least the Senior Associate Dean for Clinical Affairs (or appropriate designee) and the Chair, Department of Anesthesiology (or appropriate designee). Such panel shall meet and confer before issuing a written determination.
6. Medical directors from clinical areas may submit for approval a request that certain procedures be exempted from the requirements of this Policy and the supplemental

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<sup>2</sup> For the purposes of sedation/analgesia, licensed independent practitioner (LIP) includes physicians, dentists, certified registered nurse anesthetists, nurse practitioners, and physicians' assistants. Non-physician credentialed providers may direct moderate sedation/analgesia (and CRNAs may direct deep sedation) within the limits of their practice agreements and under the direction of their supervising physician(s). Other non-credentialed providers may direct and administer sedation/analgesia only when covered by care protocols and/or medical command such as exists for the NETS and Pegasus patient transport programs.

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Protocols. Any such request shall include data specifying the frequency with which the procedure is performed, the drugs and dosages used for the procedure and the practice designation of practitioners who perform this procedure. Any such request for exemption shall be presented for review and approval by a panel consisting of at least the Senior Associate Dean for Clinical Affairs (or appropriate designee) and the Chair, Department of Anesthesiology (or appropriate designee). Such panel shall meet and confer before issuing a written determination.

SIGNATURE:

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John B. Hanks, M.D., President, Clinical Staff

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R. Edward Howell, CEO, UVA Medical Center

DATE:

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Approved November 1993

Revised May 1996, May 2000, January 2001, June 2001, November 2002, June 2005

Approved by Patient Care Committee

Approved by Clinical Staff Executive Committee