Guideline at a Glance: Moderate Sedation/Analgesia

The AORN Guideline at a Glance is a key component of the Guideline *Essentials*, a suite of online implementation tools designed to help the perioperative team translate AORN's evidence-based guidelines into practice. Each Guideline at a Glance highlights important elements of the full guideline and includes images, implementation steps, and the rationale for why these steps are important to promote safety and optimal outcomes for patients undergoing operative and other invasive procedures. Facilities can provide team access to the entire set of Guideline *Essentials* through a subscription to the multiuser, online edition (eSubscription) of the AORN *Guidelines for Perioperative Practice.* Individuals can obtain the same access through a subscription to the AORN Guideline eBook Mobile App. For more information about the complete set of implementation tools included in the Guideline *Essentials,* visit *https://www.aorn.org/guidelines/purchase-guidelines/guideline-essentials.*

RN SCOPE OF PRACTICE

Administer moderate sedation

- within the RN scope of practice defined by your state board of nursing and the state nurse practice act.
- under the supervision of a licensed independent practitioner who is qualified by education, training, and licensure to administer moderate sedation and who meets the organization's privilege requirements.
- with the licensed independent practitioner physically present and immediately available in the procedural suite.
- after completing a formal training program in the safe administration of sedative and analgesic medications and rescue of patients who may slip into a deeper level of sedation.

Each state's nurse practice act defines the RN scope of practice. In some states, for example, propofol cannot be administered by the sedation RN.

NURSING ASSESSMENT

- Review the patient's
  - medical history
  - allergies and sensitivities
  - age, height, weight, and body mass index (BMI)
  - laboratory test results
  - current medications and supplements
  - tobacco, alcohol, and drug use
  - vital signs and level of consciousness
  - sensory impairments (visual, auditory)
  - levels of anxiety and pain
  - consent, including risks, benefits, and alternatives to sedation
  - NPO status
- Use a tool such as the American Society of Anesthesiologists Physical Status Classification (ASA) to determine patient acuity.
- Collaborate with the licensed independent practitioner to develop and document the sedation plan.

A nursing assessment determines whether a patient is at risk for an adverse outcome related to sedation and whether the patient is an appropriate candidate for RN-administered moderate sedation.

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AIRWAY ASSESSMENT

- Assess for characteristics of a difficult mask ventilation:
  - > 55 years of age
  - BMI ≥ 30
  - history of snoring, stridor, or sleep apnea
  - missing teeth
  - beard
  - short neck
  - limited neck extension
  - small mouth opening
  - jaw abnormalities
  - large tongue
  - nonvisible uvula
  - previous difficulty with anesthesia or sedation
  - rheumatoid arthritis
  - chromosomal abnormality (eg, trisomy 21)
  - tonsillar hypertrophy
- Assess for obstructive sleep apnea using sleep apnea assessment screening tools.
- Consult with the anesthesia professional if the patient has a history of obstructive sleep apnea.
- Use additional precautions such as continuous positive airway pressure (CPAP) for patients with sleep apnea.

The respiratory depressive effects of moderate sedation medications may compromise respiration. The ability to ventilate a patient with a mask is vital if an unanticipated compromised airway occurs.

OBSTRUCTIVE SLEEP APNEA IN PEDIATRIC PATIENTS

Consider screening for obstructive sleep apnea in a pediatric patient if the patient presents with any of the following symptoms:

- weight above the 95th percentile for age and sex
- talking in his or her sleep
- parental report of restless sleep, difficulty breathing, and struggling respiratory effort during sleep
- night terrors
- unusual sleep positions
- new onset of enuresis
- daytime sleepiness
- distracted behavior
- overly aggressive behavior
- irritability
- difficulty concentrating

For a pediatric patient, the screening assessment for obstructive sleep apnea is different than for an adult patient. The perioperative nurse screening for obstructive sleep apnea in a child should use a different screening tool.