UCLA Health

Effective Date:	*1/24/2020*
Review Date:	*1/24/2020*
Revised Date:	*1/24/2020*
Next Review:	*1/23/2023*
Owner:	*Carmen James-Eggins: Admin Spec*
Policy Area:	*Amb Care Clinical Policies*
Reference Tags:	
Applicability:	*Ambulatory Care – UCLA*

Minimal Sedation Guideline

Ambulatory CARE – Ambulatory Nursing Operations POLICIES, STANDARDS AND GUIDELINES **SECTION: GUIDELINE FOR MINIMAL SEDATION/ANXIOLYSIS IN AMBULATORY CARE CLINIC** **SUBJECT:** CARE OF PATIENT	UCLA Health POLICY #: AMB G132 PAGE: 1 OF x
APPROVALS: AMBULATORY POLICY COMMITTEE	EFFECTIVE:9/17/2019

GUIDELINE FOR MINIMAL SEDATION/ ANXIOLYSIS IN AMBULATORY CARE CLINIC

PURPOSE

To provide standards for patient care when a single dose of sedative is utilized for routine procedures or tests in an outpatient practice setting for lessening anxiety and discomfort. This policy is used in special practice situations where other options have been explored (i.e. controlling the environment; guarding against sensory overload; distraction; topical anesthetics; consultations with psychologists and child life specialists) to perform the procedure without a sedative and when unsuccessful and the patient would be at risk by not having procedure or test completed.

SCOPE

This policy shall pertain to patients >/= 2 years of age receiving a single dose of sedative prior to a procedure at Santa Monica Medicine Pediatrics Comprehensive Care Center who serves a special patient population with this clinical need.

DEFINITIONS

Minimal Sedation/Anxiolysis: a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and physical coordination may be impaired, airway, reflexes, ventilatory and cardiovascular function are unaffected. Defined at UCLA as administration of one drug, one dose, and one time to be administered by oral or intranasal route.

Qualified Provider: Physician, Registered Nurse, or Nurse Practitioner

Requirements:

- Review of Ambulatory Care Training Module and Competency Validation approved by the Health System Sedation Committee
- Current BLS for Health Care Providers

GUIDELINE

1. Medications must be stored in an automated dispensing machine (i.e. Pyxis machine) following federal and state regulations regarding inventory and disposal of controlled substances.
2. The physician will have primary responsibility to determine the need for minimal sedation/anxiolytics prior to procedure and that there are no contraindications.
   2. The physician will order sedation/anxiolytic medication to be administered after exploring other options (distraction, local anesthesia, child life specialist, psychologist,,etc.).
3. The physician will determine appropriate medication and dose.
4. The physician or registered nurse will be responsible for continuous monitoring of the patient during the procedure and clinic stay.
5. Patient will only receive one single dose of medication.
6. Patients will be discharged when clinically stable as defined by discharge criteria and receive discharge instructions based upon medication.
7. A responsible adult must accompany the patient and receive discharge instructions based upon medication Administered.

Dose Recommendations for Intranasal Medication:

Drug	Dose	Route
Midazolam	0.2mg/kg MAX 10 mg	Intranasal

8. Pre-treatment with intranasal lidocaine should be considered to reduce pain associated with intranasal midazolam in children.

PROCEDURE

I. **EQUIPMENT**

   A. Oral Airways and Suction

   B. Oxygen Delivery supplies including appropriately sized ambubag, face masks, nasal cannulas, extension tubing, and connector

   C. Defibrillator: Pediatric and Adult

   D. Reversal Agents as appropriate

   E. Monitoring (continuous pulse oximetry, automated BP cuff)

II. **PRE-PROCEDURE CARE**

   A. Licensed Provider to assess and document mental status and vital signs to include Observer's Assessment of Alertness/Sedation Scale, baseline blood pressure, pulse, oxygen, saturation,

respiratory rate and weight in kilograms.

B. Physician to complete physical examination of patient and review patient's medical history to include any known allergies, or drug reactions; current medications; current health issues.

C. Suction any nasal discharge prior to administration of intranasal drug. Intranasal drug should not be used if nasal congestion present. Pre-treatment with topical lidocaine spray, should be considered.

III. **DURING PROCEDURE CARE**

A. RN or Physician will stay with patient following the administration dose of medication and during procedure.

B. Continuous pulse oximetry and pulse monitoring during procedure.

C. Observer's Assessment of Alertness/Sedation Scale, Blood Pressure, pulse oximetry, respiratory rate, and pulse documented every 15 minutes.

IV. **POST-PROCEDURE CARE/DISCHARGE CRITERIA TO HOME**

A. Patient must not be discharged to home until the patient is awake, alert, and oriented to person, place and time or has returned to their pre-sedation level of consciousness which includes pre-procedure Blood pressure, HR, RR which must be documented in the patient record.

B. A physician must order discharge after physician has assessed patient's readiness for discharge.

C. Patient must be discharged with a responsible adult.

D. The responsible adult has received discharge instructions for care at home post-procedure and a number in case of an emergency, this should include necessary observation by an adult post-discharge, and may include staying home from school for the remainder of the day.

E. If applicable, the patient is instructed not to drive an automobile or operate heavy machinery until the following morning.

REVISION HISTORY

Effective Date: 9-17-2019

Review Date:

Revised Date:

APPROVAL

Johnese Spisso

President, UCLA Health

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
President Approval	Johnese Spisso: Ceo Med Ctr [CJ]	1/24/2020
The Ambulatory Advisory Board	Faranak Elahi: Adm Crd Ofcr [CJ]	1/24/2020
Ambulatory Policy Committee	Quanna Batiste-Brown: Dir	12/18/2019
	Carmen James-Eggins: Admin Spec	12/17/2019