



POLICY & PROCEDURE MANUAL

SECTION: 400 - CARE OF THE PATIENT

SUBJECT: ADULT PATIENT SEDATION/ANALGESIA

ADDENDUM IV Sedation-Analgesia Privileges

Name _____ Department _____

PLEASE NOTE:

- All physicians must be properly credentialed before they can administer sedation-analgesia to adults and/or pediatric patients. If you do not have this privilege, you cannot provide sedation-analgesia for diagnostic/therapeutic procedures.
• If requesting sedation-analgesia privileges, this form must be completed at the time of original application, and renewed at each reappointment (biannual).
• If you do not wish to receive sedation-analgesia privileges, you do not have to complete this form.

Definitions:

Sedation-Analgesia is defined as the administration of any pharmacological agent which will likely cause a medically controlled state of depressed consciousness. Sedation-analgesia includes level I-III. 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 repeated verbal command.

Level IV Sedation (General Anesthesia) is a state of depressed consciousness as the result of drug administration in which the patient does not demonstrate a purposeful response to verbal or painful stimulation and has inhibition of normal airway reflexes. The administration of anesthesia is solely reserved for individuals properly credentialed by the institution in the administration of general anesthesia.

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.

REQUIREMENTS

- 1. Completion of the Sedation-Analgesia Course and satisfactory completion of the post-



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course test. The course may be viewed on the Jackson Health System Intranet at MyMedEd.

- 2. Current ACLS certification or equivalent

FOR RENEWAL OF PRIVILEGES

- 1. Performance of at least ten (10) adult moderate sedation procedures and/or at least ten (10) pediatric moderate sedation within the last year.
2. Current ACLS certification or equivalent
3. Completion of the Sedation-Analgesia Course and post-course test within three (3) months prior to the date of reappointment.

PLEASE NOTE: Sedation-Analgesia Course includes:

- obtaining a sedation-analgesia test from the website.
• viewing the on line course
• completing the test
• submitting on line the test for scoring

Please check the appropriate box(es) for the following:

- I perform at least ten (10) moderate sedation procedures in adults and/or children (please circle which applies) annually.
I have reviewed the sedation course and have satisfactorily completed the post-course test as per the instructions noted in #2 above.
I have reviewed the sedation update and have satisfactorily completed the post-course test as per the instructions noted in #2 above.

I certify that I have completed the requirements for sedation-analgesia as outlined above within the last year and I am requesting privileges for the administration of sedation-analgesia. I understand that I shall complete at least ten (10) moderate sedation procedures annually in the population(s) for which I am credentialed in order to maintain my privilege for performing sedation-analgesia.

Physician Signature _____ Date _____

CHIEF OF SERVICE APPROVAL

I have reviewed the requested privileges for sedation-analgesia for the above named applicant, and recommend credentialing based on the applicant's current licensure, training and/or experience, current competence and ability to perform the requested privilege.

Chief of Service _____ Date _____