



## South Dakota Board of Nursing

South Dakota Department of Health  
4305 S. LOUISE AVENUE SUITE 201 ♦ SIOUX FALLS, SD 57106-3115  
(605) 362-2760 ♦ Fax: (605) 362-2768

### Role of the Registered Nurse in the Management of Patients Receiving Moderate Sedation

The South Dakota Board of Nursing is authorized by the state of South Dakota, pursuant to SDCL 36-9-1.1, to safeguard life, health and the public welfare; and to protect citizens from unauthorized, unqualified and improper application of nursing practices.

The practice of registered nurses, pursuant to SDCL 36-9-3 (14), allows registered nurses to perform other acts that require education and training consistent with professional standards as prescribed by the board, by rules promulgated pursuant to chapter 1-26, and commensurate with the registered nurse's education, demonstrated competence, and experience.

The South Dakota Board of Nursing issues opinions as to what constitutes safe nursing practice. As such, an opinion is not a regulation of the Board and does not have the force and effect of law. An opinion is issued as a guideline to licensees who wish to engage in safe nursing practice, and to facilitate the delivery of safe, effective nursing care to the public.

**Approval Date:** April 2003;  
**Revised:** November 2018

#### Practice Statement

It is within the scope of a registered nurse pursuant to SDCL 36-9-3 to administer medications for the purpose of providing moderate sedation/analgesia and to manage the care of patients receiving moderate sedation/analgesia. [Declaratory Ruling 89-1](#) provides the following direction:

*Although registered nurses, under the direction of a physician, may administer narcotics, analgesics, sedatives, and tranquilizing medications to patients, registered nurses may not administer any medication for the purpose of inducing general anesthesia. It is not within the authority of the board to determine how or for what purpose a specific drug with multiple uses is being administered at any given time. Institutional or agency protocol must address this.*

Sedation occurs on a continuum, moderate sedation may progress to deep sedation; therefore registered nurses who administer medications for the purpose of moderate sedation/analgesia must be qualified to provide rescue support to patients who proceed to a deeper level of sedation. Rescuing a patient requires the registered nurse to be proficient in assisting with airway management and advanced life support.

#### Definitions

- **Minimal sedation** (anxiolysis) is a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and physical coordination may be impaired, airway reflexes, and ventilatory and cardiovascular functions are unaffected.
- **Moderate sedation** (formerly conscious sedation) is defined as a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation; reflex withdrawal from a painful stimulus is *not* considered a purposeful response. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.
- **Deep sedation** is a drug-induced depression of consciousness during which patients cannot be easily aroused, but respond purposefully following repeated or painful stimulation; reflex withdrawal from a painful stimulus is *not* considered a purposeful response. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.
- **General anesthesia** is a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug induced depression of neuromuscular function. Cardiovascular function may be impaired.

#### Purpose

The following guidelines are intended to promote safe care. Registered nurses and institutions are encouraged to also refer to other national standards of practice and evidence based literature to identify additional guidelines or considerations specific to a practice setting or patient population served.



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### Guidelines

- A. The healthcare facility should have in place an educational mechanism which includes a process for nursing management to evaluate and document a registered nurse's competence that occurs on a periodic basis and is maintained on file with the employer. Nursing course instruction should include:
1. Indications for and contraindications to the use of moderate sedation;
  2. Levels of sedation/analgesia;
  3. Sedation monitoring using a valid sedation scale (e.g. Richmond Agitation Sedation Scale);
  4. Anatomy, physiology, pharmacology, cardiac arrhythmia recognition, and complications related to sedation and analgesia medications;
  5. Patient care requirements before and during the administration of moderate sedation/ analgesia, including the recovery phase;
  6. Principles of oxygen delivery, respiratory physiology, use of oxygen delivery devices; and if available, end-tidal CO<sub>2</sub> monitoring (capnography);
  7. Complications of moderate sedation/analgesia for each type of agent being administered, and administration of reversal agents;
  8. Intervening in the event of complications according to medical orders or facility protocols;
  9. Assessment of recovery progress prior to discharge from recovery area;
  10. Moderate sedation/analgesia education to patients and families;
- B. The healthcare facility should have in place written policy and procedures on moderate sedation/analgesia that reflect nationally accepted standards and professional nursing practice, including:
1. Protocols on patient monitoring and drug administration for managing potential complications or emergency situations.
  2. A qualified professional, as approved and credentialed within the institution, who is capable of managing complications during the post-procedure period is readily available and remains available until the patient is stable.
  3. Immediate availability of emergency equipment and supplemental oxygen is accessible in every location where moderate sedation/analgesia is administered.
  4. The registered nurse administering medications and monitoring the patient receiving moderate sedation and analgesia should be certified in advanced cardiopulmonary resuscitation specific to the age of population served, such as Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS).
  5. A pre-sedation assessment and a collaborative sedation plan completed for each patient by a qualified provider and the administering registered nurse to determine if the patient is an appropriate candidate.
  6. Selection and ordering by a qualified provider of sedation and analgesia medications, venous access, or supplemental oxygen.
  7. The registered nurse administering medications and monitoring the patient receiving moderate sedation and analgesia should not have any other responsibilities during the procedure until the patient's level of sedation/analgesia and vital signs are stable; once stable, the registered nurse may assist with minor, interruptible tasks provided adequate monitoring for the patient's level of sedation is maintained.
  8. Continual monitoring (e.g. every 5 minutes) of ventilatory functions including capnography, unless precluded or invalidated by the nature of the patient, procedure, or equipment; and hemodynamics including blood pressure, heart rate, and rhythm; and level of consciousness/sedation should be completed during the procedure.
  9. Continuous monitoring (e.g. without interruption at any time) of oxygen saturation/oximetry with appropriate alarms should be completed during the procedure.
  10. Assessment of hemodynamics, including blood pressure, heart rate, and rhythm, and level of consciousness/sedation should be completed immediately prior to discharge to the next level of care.
  11. Documentation should be completed according to institutional guidelines.
  12. A qualified professional should discharge the patient to the next level of care in accordance with established criteria of the institution.

The registered nurse has the right and obligation to refuse to administer or continue to administer medication(s) in amounts or frequency that may induce deep sedation or anesthesia.



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### References

1. American Society of Anesthesiologists (2018). Practice guidelines for moderate procedural sedation and analgesia 2018. *Anesthesiology*, 128(3), 437-479. doi:10.1097/ALN.0000000000002043
2. American Association of Moderate Sedation Nurses. Certified sedation registered nurse scope of practice. Accessed October 10, 2018 from: <http://aamsn.org/resources/pdfs/sedation-related-pdfs/registered-nurse-csrn-scope-of-practice>.
3. American Association of Nurse Anesthetists (2016, February). Non-anesthesia provider procedural sedation and analgesia. Accessed October 10, 2018 from: <https://www.aana.com/practice/clinical-practice-resources>.
4. Arizona Board of Nursing (2016). Advisory opinion moderate sedation/analgesia. Accessed October 10, 2018 from: [https://www.azbn.gov/media/2223/ao-moderate-sedation\\_analgesia-for-diagnostic-therapeutic-procedures.pdf](https://www.azbn.gov/media/2223/ao-moderate-sedation_analgesia-for-diagnostic-therapeutic-procedures.pdf).

### Applicable South Dakota Nursing Laws

1. [36-9-3. Practice of registered nurse](#)
2. [20:48:04:01. Scope and standards of nursing practice -- Basic role.](#)