Managing patients undergoing sedation

Introduction

In the past, patients undergoing sedation have received varying levels of care according to the nature of the procedure and the operating practitioner’s skills. It is now recognised that morbidity and mortality rates in sedated patients can be improved with the introduction of guidance on safe practice. With an increasing number of procedures requiring sedation being carried out in the day surgery unit, the need for guidance in this area is quite clear.

Sedation can benefit patients by reducing anxiety and discomfort, and so allows them to tolerate relatively unpleasant procedures. Given with analgesia, pain can be controlled and this also means that the patient can respond to verbal commands. Sedation is not a substitute for inadequate pain control.

Pre-operative assessment

The criteria for assessing patients undergoing sedation in day surgery are the same as for patients undergoing a general anaesthetic. During the pre-operative assessment visit, the patient should be given information on the procedure and on sedation. Full written and verbal information reduces anxiety in patients and helps recovery. Starving instructions should be the same as for patients undergoing a general anaesthetic.

Intra-operative management

The following procedures should be followed.

✦ The patient’s level of consciousness should be monitored. The patient should be able to respond to verbal commands. If the patient is deeply sedated and reflex withdrawal from painful stimuli is achieved, then the patient should be managed and treated the same way as if undergoing a general anaesthetic.
✦ Secure intravenous access.
✦ Electrocardiogram (ECG) monitoring should be attached.
✦ Continuous oxygen therapy should be given and saturation should be recorded via pulse oximetry.
✦ Blood pressure should be recorded.
✦ Documentation of the procedure should be recorded as with a general anaesthetic.

First stage recovery

Patients should receive full monitoring until there is no sign of any cardio-pulmonary depression. They can then be transferred to the second stage recovery or the discharge area.
Health professionals monitoring the sedated patient should have training and an understanding of pharmacology, and antagonists for opioids and benzodiazepines. They should be able to recognise complications and manage airways. An Advanced Life Support certificate should be held by at least one member of the recovery team.

An anaesthetist should also be available in case of complications. The practitioner undertaking the procedure should not be the one who is monitoring the patient. The following equipment should all be available when treating patients under sedation: a resuscitation trolley with pulse oximetry; saturation; oxygen; ECG monitoring; and the appropriate drugs.

Discharge

The discharge criteria for patients having sedation is the same as for patients having a general anaesthetic. The patient should be discharged to the care of a responsible adult, and written and verbal information should be given.

Summary

Written protocols and guidance must be in place and adhered to. All staff should be fully trained and must monitor the patient throughout their stay. By addressing the psychological, social and physical needs of the patient at pre-operative assessment, during the procedure and upon discharge, the safety of the patient undergoing sedation is not compromised.

Further reading


