of the medication, dose, or route of administration, when a medication is used for the purposes of altering the patient's cognitive state in order to facilitate a specific procedure, it is considered procedural sedation.

Hospitals develop specific guidelines for how and where procedural sedation may be used. The qualifications of staff participating in the procedure, the medical equipment, the supplies, and the monitoring must be the same wherever procedural sedation is provided in the hospital. Certain medications may be used in conjunction for certain populations (for example nitrous oxide used in conjunction with other analgesics for pediatric patients during moderate and deep sedation). For patients under care for procedural sedation, individuals from both the nursing and the medical staff who are trained in advanced life support and emergency medical equipment and supplies appropriate for the age and history of the patient and the type of procedure being performed are immediately available.

Measurable Elements of ASC.02.00

1. Ⓓ The hospital has established a written policy and standardized processes for procedural sedation throughout the hospital.
2. Ⓓ Policy and practice for procedural sedation are understood by all practitioners permitted to administer procedural sedation, and the policies address at least the following:
   - Areas in the hospital where procedural sedation may occur
   - Special qualifications or skills of staff involved in the procedural sedation process
   - Differences between pediatric, adult, and geriatric populations or other special considerations
   - Medications used in conjunction with certain populations
   - Immediate availability and use of specialized medical equipment, as appropriate to the patient
   - Informed consent process for both the procedure and the use of sedation
   - An individual with advanced life-support training is immediately available for patients under care for procedural sedation or anesthesia.

   (*See also* SQE.01.08, ME 2)

Standard ASC.02.01

Practitioners responsible for procedural sedation and staff responsible for monitoring patients receiving procedural sedation are qualified.

Intent of ASC.02.01

Complications related to procedural sedation primarily include cardiac or respiratory depression. Thus, certification in at least basic life support is essential. In addition, knowledge of the pharmacology of the sedation agents used, as well as reversal agents, decreases the risks of adverse outcomes. The qualifications of the physician, dentist, or other staff responsible for the patient receiving procedural sedation are important. Understanding the methods for procedural sedation as they relate to the patient and the type of procedure performed improves the patient's tolerance of an uncomfortable or painful procedure and decreases the risks of complications.

The health care practitioner performing the procedure should not be responsible for performing continuous monitoring of the patient. A separate, qualified individual, such as an anesthesiologist or a trained and competent nurse, should assume responsibility for providing uninterrupted monitoring of the patient's physiological parameters and assistance in supportive or resuscitative measures.

Measurable Elements of ASC.02.01

1. Health care practitioners responsible for providing procedural sedation show evidence of competence in at least the following:
   - Techniques and various modes of sedation
   - Pharmacology of sedation drugs and the use of reversal agents
   - Monitoring requirements
   - Response to complications
   - Airway assessment

   (*See also* SQE.01.03, ME 1)
2. The individual responsible for patient monitoring during procedural sedation is competent in at least the following:
   - Monitoring requirements from the active administration phase during the procedure through the recovery phase after the procedure
   - Response to complications
   - Use of reversal agents
   - Recovery criteria
   - Airway assessment

   (*See also* SQE.01.03, ME 1)
3. Ⓓ Procedural sedation competencies for all staff involved in sedation are documented in the personnel records.

Standard ASC.02.02

Procedural sedation is administered and monitored according to professional practice guidelines and documented in the patient's medical record.

Intent of ASC.02.02

Many factors influence the patient's response to sedation and can affect the degree to which a patient is sedated. The presedation assessment helps identify any factors that may impact the patient's response to procedural sedation and also helps to identify what findings from monitoring during and after the procedure may be significant. The degrees of sedation occur on a continuum from mild to deep sedation, and a patient may progress from one degree to another. Factors include the medications administered, the route and dosages, the age of the patient (pediatric, adult, or geriatric), and the patient's health history. For example, history of impairment of major organs, current medications that may interact with sedating medications, drug allergies, previous adverse response to anesthesia or sedation, and substance abuse may each have an impact on patient response to procedural sedation. If the patient's physical status is high risk, consideration is given to the additional clinical needs of the patient and the appropriateness of procedural sedation. These factors are included in the presedation assessment performed by a qualified individual and documented in the patient's medical record.

Patients undergoing procedural sedation require monitoring of their level of consciousness, ventilator and oxygenation status, and hemodynamic variables at a frequency based on the type and amount of medication administered, the length of the procedure, and the type and condition of the patient. Important considerations during the sedation procedure include the patient's ability to maintain protective reflexes; an independent, continuous patent airway; and the capability to respond to physical stimulation or verbal commands. A qualified individual is responsible for performing uninterrupted monitoring of the patient's physiological parameters and assistance in supportive or resuscitation measures until the patient has been safely recovered.

When the procedure has been completed, patients may continue to be at risk for complications due to delay in the full absorption of the sedating drug, respiratory depression, and/or lack of stimulation from the procedure. Patients continue to require monitoring until they have reached near their baseline level of consciousness and