Requirements for Use and Monitoring of Sedation in Pediatric Patients XI-30:50-A					ATTACHMENT A:
Levels of Sedation	**Level 0 : Topical or Local Anesthesia**	**Level 1: Minimal Sedation "Anxiolysis"**	**Level 2: Moderate Sedation**	**Level 3: Monitored Anesthesia Deep Sedation**	**Level 4: Anesthesia**
Definitions	Patient has a blunted pain perception through the administration of local or topical anesthetic agents. Normal response to verbal commands; cognition and coordination are not affected.	Normal response to verbal commands; cognition and coordination may be affected; ventilation and cardiovascular are intact; the patient is awake, verbal and cooperative; the goal is to use selected medications to decrease or eliminate anxiety, pain and to facilitate the patient's coping skills.	Patient is easily arousable and responds purposefully to verbal commands; No interventions are needed to maintain airway; spontaneous ventilation is adequate; cardiovascular function is usually maintained.	Patients cannot be easily aroused and responds purposely to repeated painful stimuli. Ability to maintain airway may be affected; spontaneous ventilation may be inadequate; cardiovascular function is usually maintained.	General, spinal or major regional (Local anesthesia not included) Patients non-arousable not even to intense stimuli. Ability to maintain airway is often impaired; (see policy on General Anesthesia).
Personnel:	No requirements for personnel, equipment, monitoring, discharge, etc.	a. A qualified, licensed personnel who is trained to monitor and observe physiologic parameters, assist with procedural support, and provide resuscitative measures if necessary (Registered Nurse is recommended). b. Responsible practitioner will be readily available. Practitioner orders medication. c. For procedural support staff - PALS is required. ACLS/NRP is recommended as age appropriate.	a. A qualified, licensed personnel who is trained to monitor and observe physiologic parameters, assist with procedural support, and provide resuscitative measures if necessary (Registered Nurse is recommended). b. Responsible practitioner at bedside for procedure to monitor and observe physiologic parameters. Practitioner orders medication. c. For procedural support staff - PALS is required. ACLS/NRP is recommended as age appropriate.	a. A qualified practitioner who administers sedation; a Registered Nurse to monitor and observe physiologic parameters, and provide resuscitative measures if necessary; a qualified person who is trained to assist with any procedures needed (is recommended). b. For procedural support staff - PALS is required. ACLS/NRP, cross-training in post-anesthesia recovery care or critical care is recommended for practitioners administering and monitoring sedation.	Refer to Anesthesia Policy and Form

Levels	Level 1: Minimal Sedation	Level 2: Moderate Sedation	Level 3: Monitored Anesthesia Deep Sedation	Level 4: Anesthesia
Equipment:	a. Pulse oximetry is required when there is a potential for airway obstruction and for ASA class III-IV. Pulse oximetry is suggested for monitoring in all patients if its application is practical which is dependent upon the clinical scenario/ the patient/ the procedure and the guidance/ instruction of the responsible practitioner. b. Oxygen flow meter with tubing if indicated c. Suction regulator, tubing and catheters d. Resuscitation bag / mask / oxygen, airway equipment f. Emergency cart readily available	a. Continuous ECG monitoring with pulse oximetry. b. Oxygen flow meter with tubing c. Suction regulator, tubing and catheters d. Resuscitation bag / mask / oxygen, airway equipment e. Naloxone hydrochloride/ flumazenil as appropriate f. Emergency cart readily available	a. Continuous ECG monitoring with pulse oximetry or capnography. b. Oxygen flow meter with tubing c. Suction regulator, tubing and catheters d. Resuscitation bag/mask/oxygen; airway equipment e. Naloxone hydrochloride/ flumazenil as appropriate f. Emergency cart g. IV access (With the exception of IM Ketamine administration) h. ECG monitor and defibrillator should be readily available	Refer to Anesthesia Policy and Form
	Personnel should be prepared to increase level of monitoring if patient progresses to deeper sedation level.			
Pre-sedation/ Induction	*Pre-procedure: BP/HR/RR; O2 Sat (for those requiring oximetry); sedation scale and pain assessment are recorded prior to sedation.	*Pre-procedure: BP/HR/RR; O2 Sat (for those requiring oximetry); sedation scale and pain assessment are recorded prior to sedation.	*Pre-procedure: BP/HR/RR; O2 , sedation scale and pain assessment are recorded prior to sedation.	Refer to Anesthesia Policy and Form
During	Ongoing level of responsiveness assessment or HR, RR, O2 saturation (as indicated) are assessed every 5-10 minutes. Sedation scale and pain assessment are recorded as appropriate.	HR, RR, BP, O2 saturation, and sedation scale are recorded every 5 minutes,	HR, RR, BP, O2 saturation, and sedation scale are recorded every 5 minutes,	Refer to Anesthesia Policy and Form

Post	HR/RR; O2 Sat (for those requiring oximetry); sedation scale and pain assessment are recorded .every 15 minutes until stable and back to baseline state.	BP/HR/RR; O2 saturation, sedation scale and pain assessment are recorded every 15 minutes until stable and back to baseline state.	BP/HR/RR; O2 saturation, sedation scale and pain assessment are recorded every 15 minutes until stable and back to baseline state.	Refer to Anesthesia Policy and Form
Upon Transfer or Discharge	a. Cardiovascular stability demonstrated by return to baseline HR, RR and BP b. Minimal sedation state: as age and cognitive level appropriate. The patient is in or has returned to baseline interactive state. The patient can follow commands, is awake, alert, and oriented for age and pre-sedation state. c. Practitioner must discharge patient from hospital by physician order or via medical staff approved criteria	a. Cardiovascular stability demonstrated by return to baseline HR, RR and BP b. Airway respiratory stability demonstrated by ability to take deep breath and cough effectively; returns to baseline RR and volumes. c. Minimal sedation state: as age and cognitive level appropriate. The patient is in or has returned to baseline interactive state. The patient can follow commands, is awake, alert, and oriented for age and pre-sedation state. d. State of hydration: Assessed adequate by Practitioner e. Practitioner must discharge patient from hospital by physician order or via medical staff approved criteria	a. Cardiovascular stability demonstrated by return to baseline HR, RR and BP b. Airway/ respiratory stability demonstrated by ability to take deep breath and cough effectively; returns to baseline RR and volumes. c. Minimal sedation state: as age and cognitive level appropriate. The patient is in or has returned to baseline interactive state. The patient can follow commands, is awake, alert, and oriented for age and pre-sedation state. d. State of hydration: Assessed adequate by Practitioner e. Practitioner must discharge patient from hospital by physician order or via medical staff approved criteria	Refer to Anesthesia Policy and Form