

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: SEDATION ADMINISTRATION AND MANAGEMENT 9.12

Authority: Title 71A RCW Developmental Disabilities
WAC 246-840-700 Standards of Nursing Conduct or Practice
WAC 246-919-601 Safe and Effective Analgesia and Anesthesia
WAC 246-817-745 Dental Sedation

Reference: DDA Policy 5.11, *Restraints*
DDA Policy 7.03, *Informed Consent*

PURPOSE

Some people with developmental disabilities experience anxiety and fear about participating in medical or dental procedures. Pharmacological agents that produce sedation may allow the person to tolerate an unpleasant procedure and then return to their baseline status.

This policy aligns with state and federal laws and regulations for administering pharmacological medications to residents of the Residential Habilitation Centers.

SCOPE

This policy applies to the Developmental Disabilities Administration's Residential Habilitation Centers (RHCs).

DEFINITIONS

Minimal sedation (Anxiolysis) means a drug-induced state during which a person responds normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected. At the RHCs, minimal sedation is limited to oral, intranasal, buccal or intramuscular medications, or a combination for safe titration to desired level of sedation.

Moderate sedation (Analgesia) means a drug-induced depression of consciousness during which the person responds purposefully to verbal commands, either alone or accompanied by

light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

Psychoactive medications means medications prescribed to improve or stabilize mood, mental status, or behavior. Psychoactive medications include antipsychotics, neuroleptics, atypical antipsychotics, antidepressants, stimulants, sedatives, hypnotics, and antimanic and anti-anxiety drugs.

Sedation means to produce a state of calm, restfulness, or drowsiness induced by a pharmacological agent, specifically a sedative or tranquilizing drug.

POLICY

- A. A psychoactive medication administered to assist a client to tolerate a medical or dental procedure may only be prescribed:
 - 1. By a psychiatrist, physician, dentist, or Advance Registered Nurse Practitioner (ARNP);
 - 2. With the approval of the interdisciplinary team (IDT) and the Human Rights Committee; and
 - 3. In accordance with DDA Policy 7.03, *Informed Consent*.
- B. A psychoactive medication must be in the best interest of the client and intended to alleviate anxiety or pain associated with a medical or dental procedure.
- C. The goal of sedation use at an RHC is minimal sedation or anxiolysis, where the individual is able to respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are not seriously affected, and may reflect the person relaxed or sleeping. If brief moderate sedation occurs, carefully monitor or intervene if indicated.
- D. The IDT must participate in medical and dental care to reduce the need for sedation or restraints for procedures. Care must not be denied because the IDT failed to establish a plan for acceptable sedation or alternative care options.

PROCEDURES

- A. Before administering a psychoactive medication that induces sedation, the RHC must specify in the medical section of the client's Individual Habilitation Plan (IHP) or Individual Plan of Care (IPOC):
 - 1. Why sedation is medically indicated;
 - 2. The anticipated benefits and potential side effects of the proposed medication;

3. The specific procedures being performed under sedation;
 4. The risks and benefits of each procedure; and
 5. The consequences of not performing each procedure.
- B. For urgent use of a psychoactive medication, see DDA 5.11, *Restraints*, and DDA 7.03, *Informed Consent*.
- C. Medication choice and dose must be customized to the client.
1. If the client has no prior use, administer a low initial dose, monitor the effects, and review sedation events to establish the client's response to specific medications and doses.
 2. Each client has individual tolerance, pharmacokinetics, and behavioral responses that may require a higher dose for effective sedation based on the planned procedure.
 3. Medical, dental, and nursing staff should coordinate to identify recent changes in the client's health to ensure safe sedation.
- D. The prescriber should obtain all pertinent and available medical information before planning a sedation, and should be aware of their own training or professional limitations to conduct sedation administration.
- E. Licensed medical, dental, and nursing staff must be able to intervene or rescue a client whose level of sedation becomes deeper than initially intended. This includes calling for assistance and 911.
- F. A registered nurse (RN) may administer medications for minimal sedation (Anxiolysis) and must monitor the client before, during, and after sedation, unless another qualified practitioner assumes or shares responsibility for monitoring. A licensed practical nurse (LPN) may assist the RN with these activities.
- G. An RN who is managing and monitoring a client's minimal sedation on or off the facility campus must:
1. Have no other responsibilities that would leave the client unattended or compromise continuous monitoring;
 2. Receive appropriate training and support and demonstrate competency;
 3. Demonstrate competency in patient assessments; and

4. Be able to identify abnormal client responses and able to provide cardiac or respiratory rescue.
- H. An RHC that uses sedation must have a written policy or procedure that contains:
1. Guidelines for patient selection, monitoring (on and off facility grounds), and drug administration;
 2. Protocol for managing potential complications or emergency situations (on and off facility grounds);
 3. Education and training requirements for staff with standards for gauging competency;
 4. A process for evaluating or verifying staff competency annually; and
 5. A process for monitoring and tracking sedation events and their outcomes to ensure quality care.

EXCEPTIONS

Any exception to this policy must have written prior approval from the Deputy Assistant Secretary or designee.

SUPERSESSION

DDA 9.12
Issued November 1, 2009

Approved: /s/ Deborah Roberts
Deputy Assistant Secretary
Developmental Disabilities Administration

Date: April 15, 2019