



DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE: SEDATION ADMINISTRATION AND MANAGEMENT POLICY 9.12

Authority: RCW 71A *Developmental Disabilities*
WAC 246-840-700 *Standards of Nursing Conduct or Practice*

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

PURPOSE

Some individuals with developmental disabilities experience anxiety and fear about participating in medical or dental procedures. These individuals may be appropriately treated by administration of pharmacological agents that may produce sedation and allow the person to tolerate unpleasant procedures temporarily and then return to his/her baseline status.

This policy ensures conformity with state and federal laws and regulations when administering pharmacological medications to residents of the Residential Habilitation Centers (RHCs).

SCOPE

This policy applies to RHCs operated by the Division of Developmental Disabilities (DDD).

DEFINITIONS

Deep Sedation/Analgesia means a drug-induced depression of consciousness during which individuals cannot be easily aroused, but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Individuals may require assistance in maintaining a patent airway and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

General Anesthesia means a drug-induced loss of consciousness during which individuals are not arousable, even by painful stimulation. The ability to maintain ventilatory function independently is often impaired. Individuals 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.

Minimal Sedation (Anxiolysis) means a drug-induced state during which individuals respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected.

Moderate Sedation/Analgesia (Conscious or Procedural Sedation) means a drug-induced depression of consciousness during which individuals respond 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. This level of sedation is used in short-term, therapeutic, diagnostic, or surgical procedures. This sedation may easily progress to deep sedation because of the unique characteristics of the drugs used, as well as the physical status and drug sensitivities of the individual. During procedural sedation, there must be a licensed independent practitioner present who is credentialed by the facility as capable of recognizing and managing airway emergencies. Some medications given to sedate clients may need to have intravenous access available for drug reversal and an intravenous catheter should be used during and post sedation recovery.

Psychoactive means possessing the ability to alter mood, anxiety level, behavior, cognitive processes, or mental tension, usually applied to pharmacological agents.

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 anti-mania 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. Psychoactive drugs and other medications that are administered to assist the client to tolerate medical and/or dental procedures may only be prescribed by a physician, dentist, physician assistant or Advance Registered Nurse Practitioner (ARNP) with the approval of an interdisciplinary team (IDT) and in accordance with DDD Policy 7.03, *Informed Consent*.
- B. The use of such medications must be in the best interests of the client and intended to alleviate any anxiety, pain, etc. associated with medical or dental procedures.
- C. The goal of sedation use at a 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 unaffected.

PROCEDURES

- A. Prior to the administration of psychoactive medications that induce sedation, RHCs must:
1. Include the following information in the medical part of the client's Individual Habilitation Plan (IHP) or Individual Plan of Care (IPOC):
 - a. A written description of the behaviors for which the medication is prescribed; and
 - b. Justification for use of the medications(s), including the anticipated benefits and potential side effects.
 2. Have the facility's Human Rights Committee review and approve the client's IHP and medical/dental plan.
 3. Obtain informed consent for administration of the medication(s) according to the IHP or for emergency use (per DDD Policy 5.11, Restraints) from the client and/or the client's legal representative or family member.
- B. Because sedation is a continuum, licensed medical/nursing practitioners intending to produce a given level of sedation must be able to rescue clients whose level of sedation becomes deeper than initially intended.
- C. Licensed Practical Nurses (LPNs) may only administer medications for Minimal Sedation/Analgesia (Anxiolysis) and must monitor such clients before, during, and post sedation, except when another licensed practitioner is present (e.g., physician, dentist) and assumes responsibility for monitoring.
- D. Registered Nurses (RNs) may administer both Minimal and Moderate Sedation/Analgesia (also called Conscious or Procedural Sedation) and must monitor such clients before, during, and post sedation, except when another licensed practitioner is present (e.g., physician, dentist) and assumes responsibility for monitoring.
- E. RNs who are managing and monitoring Moderate Sedation clients 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 and continuous training and support and demonstrate competency;
 3. Demonstrate competency in patient assessments;

4. Be able to administer medications through a variety of routes (some medications given to sedate clients may need to have intravenous access available for drug reversal and an intravenous catheter should be used during and post sedation recovery); and
 5. Be able to identify abnormal client responses and able to provide cardiac or respiratory rescue.
- F. RHCs that use sedation must have written policies and procedures that contain, at a minimum, the following elements:
1. Guidelines for patient selection, monitoring (on and off facility grounds), and drug administration;
 2. Protocols for managing potential complications or emergency situations (on and off facility grounds);
 3. Specific educational and training requirements with evidence of competency; and
 4. Specific yearly evaluation and verification of continuing competency requirements.

EXCEPTIONS

No exceptions to this policy may be authorized without the prior written approval of the Division Director.

SUPERSESSION

None

Approved: /s/ Linda Rolfe Date: November 1, 2009
Director, Division of Developmental Disabilities