

## **Requirements/Competencies for Procedural Sedation Level One Moderate Sedation Privileges**

Process for Practitioners to request **level one moderate sedation** privileges in lieu of required case volume criteria. Does not apply to level two deep sedation privilege requests.

---

1. Pick up privilege request form from Medical Staff Services.
2. Review Procedural Sedation Education Notebook in the SWMC library or Review Educational materials at the following web link on the SWMC Physicians Home page at: <http://www.swmedicalcenter.org/body.cfm?id=22> Under EDUCATION Section. Read Section tabs one through six:
  - a. **SWMC Procedural Sedation Policy and Procedures (tab 2)**
  - b. **Practice Guidelines for Sedation and Analgesia by Non-Anesthesiologists; Airway Management and Nonbarbiturate Intravenous Anesthetics (tab 3)**
  - c. **Drugs used at SWMC in Procedural Sedation (tab 4)**
  - d. **“Monitoring During and After Intravenous Conscious Sedation,” by JoAnne Oh, MD (tab 5)**
  - e. **“Complications in IVCS and Management,” by Glynne D. Stanley, MB,ChB, FRCA (tab 6)**
3. Complete post test (tab 7) and correct with answer key in tab 8.
4. Return privilege form, attestation for course completion and post test to Medical Staff Services.

### **Objectives of this Category 2 CME activity:**

At the end of this learning package, non-anesthesia practitioners should be able to...

1. Follow the SWMC Policy and Procedure on Procedural Sedation.
2. Appropriately optimize patient's condition; plan for any special needs such as having a language translator present; minimize patient anxiety through education; obtain an informed consent after a review of risks, benefits, and options; and develop an appropriate intravenous procedural sedation plan.
3. Adequately monitor the patient's physiological parameters; detect problems during IVCS.
4. Appropriately manage unanticipated events.
5. Appropriately use reversal agents.
6. Articulate appropriate discharge criteria.
7. Meet the criteria for SWMC privileges in one level of procedural sedation.

**Attestation for Completion of Procedural Sedation Course  
for Level I Moderate Procedural Sedation Privileges**

I certify that I have completed the following:

- I have read the *SWMC Procedural Sedation Policy and Procedures*. (tab 2)  
Date: \_\_\_\_\_ Initials: \_\_\_\_\_
  
- I have read the following information:
  - "Practice Guidelines for Sedation and Analgesia by Non-Anesthesiologists." (tab 3)  
Date: \_\_\_\_\_ Initials: \_\_\_\_\_
  - Airway Management ( tab 3)  
Date: \_\_\_\_\_ Initials: \_\_\_\_\_
  - Nonbarbiturate Intravenous Anesthetics (tab 3)  
Date: \_\_\_\_\_ Initials: \_\_\_\_\_
  - "Drugs used at SWMC in Procedural Sedation" (Tab 4)  
Date: \_\_\_\_\_ Initials: \_\_\_\_\_
  - "Monitoring During and After Intravenous Conscious Sedation," by JoAnne Oh, MD (Tab 5)  
Date: \_\_\_\_\_ Initials: \_\_\_\_\_
  - "Complications in IVCS and Management," by Glynne D. Stanley, MB,ChB, FRCA (Tab 6)  
Date: \_\_\_\_\_ Initials: \_\_\_\_\_
  
- I have completed and corrected the Post-Test. (Tab 7 & 8)

I spent \_\_\_\_\_ minutes completing this application and learning package. (Up to 4hours Category II CME possible.)

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**To complete your application process:**

Send the completed *Application for Procedural Sedation Privileges*, this completed form, and the completed post-test to Medical Staff Office at Southwest Washington Medical Center.

SOUTHWEST WASHINGTON MEDICAL CENTER

**Procedural Sedation Privileges  
For Non-Anesthesia Practitioners**  
Appointment & Reappointment

«PROVIDER\_FULL\_NAME»

Applicant's Full Name

Date

SPECIALTY: \_\_\_\_\_

**INSTRUCTIONS:** Individuals requesting these privileges must meet the following criteria. Basic procedural sedation is appropriate for pediatric patients age 5 and over.

**LEVEL I – MODERATE PROCEDURAL SEDATION**

ELIGIBILITY CRITERIA – MODERATE PROCEDURAL SEDATION

**The American Society of Anesthesiologists (2004) defines:**

**Level I (Moderate Sedation): a drug-induced depression of consciousness during which patients respond purposefully\* to verbal commands either alone or accompanied by light tactile stimulation. A patient receiving Level I (Moderate Sedation) ideally has a minimally depressed level of consciousness and retains the ability to continuously and independently maintain a patent airway and respond appropriately to physical stimulation and verbal commands. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is maintained. (Developed by the American Society of Anesthesiologists; approved by ASA House of Delegates October 27, 2004.)**

**KEYPOINT: \* Reflex withdrawal from a painful stimulus is not considered a purposeful response.**

**KEYPOINT: Because sedation is a continuum, it is not always possible to predict how an individual patient will respond. Hence, practitioners intending to produce a given level of sedation should be able to rescue patients whose level of sedation becomes deeper than initially intended. Individuals administering Level I (Moderate Procedural Sedation) should be able to rescue patients who enter a state of Deep Sedation.**

Please **check** which one of the three choices below best describes how you meet these criteria, **sign and date**.

1. **Licensed**  MD  DO  PA  DPM  DMD  NP; **AND**
2.  Demonstrated successful completion of a residency or fellowship training program (within the last 2 years)  
with at least four weeks exposure to anesthesia (including IV conscious sedation, indications, contraindications, pre-anesthesia assessment, procedural care, procedure monitoring and post anesthesia care); **OR**
3.  Evidence of participation in a procedural sedation course within the past 24 months.  
Documentation attesting  
to successful completion of the course must accompany this application; **OR**

4.  If procedural sedation course was completed more than 2 years ago, applicant must document performance of  
     procedural sedation for at least **12** patients within the past **24** months; **OR**
5.  Completion of procedural sedation course requirements through SWMC and successful completion of post test.  
     (Education packet available through SWMC Library & Medical Staff Services)

**REAPPOINTMENT:**

1. Reappointment will be based on clinical activity without significant quality variation identified under the quality improvement process; **AND**
2.  If procedural sedation course of training was completed more than 2 years ago, applicant must document performance of procedural sedation for at least 12 patients with the past 24 months; **OR**
3.  **Evidence of participation in a procedural sedation course within the past 24 months. Documentation attesting to successful completion of the course must accompany this application; OR**
4.  Complete procedural sedation course requirements through SWMC and successfully complete the post test. (Education packet available through SWMC Library & Medical Staff Services. )

**Please review the attached copy of the Policy for Procedural Sedation**

*I understand that in applying for moderate procedural sedation privileges, I meet the privileging guidelines as indicated above. By signing this form, I acknowledge that I have read and understand the hospital **Anesthesia Procedural Sedation Policy** (#8610.P050 8720.718). I certify that I am physically and mentally capable to fully function in the category indicated above.*

CME CREDIT: \_\_\_\_\_

SIGNED: \_\_\_\_\_  
                   «PROVIDER\_FULL\_NAME»

DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_  
                   Department Chair

DATE: \_\_\_\_\_

Approvals:  
 Credentials Committee: 1/11/05, 2/06  
 Executive Committee: 2/1/05, 3/7/06  
 Board of Directors: 12/2000, 12/2002 & 2/16/05, 3/15/06

**Procedural Sedation Privileges  
For Non-Anesthesia Practitioners  
Appointment & Reappointment**

«PROVIDER FULL NAME»

Applicant's Full Name

Date

SPECIALTY: \_\_\_\_\_

**INSTRUCTIONS:** Individuals requesting these privileges must meet the following criteria. Basic procedural sedation is appropriate for pediatric patients age 5 and over.

**LEVEL II – DEEP PROCEDURAL SEDATION**

**ELIGIBILITY CRITERIA - DEEP PROCEDURAL SEDATION FOR  
NON-ANESTHESIA PRACTITIONERS**

Level II (Deep Sedation): a drug induced depression of consciousness during which patients cannot be easily aroused but respond purposefully\* following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained. (Developed by the American Society of Anesthesiologists; approved by ASA House of Delegates October 27, 2004.)

**If applicant does not meet the requirements for Level II procedural sedation prior to beginning practice at SWMC, he/she will not be eligible for these privileges. Please check which one of the three choices below best describes how you meet these criteria, sign and date.**

1. Licensed  MD  DO; **AND**
  2.  ACLS Certified (ACLS course must include airway management demo. copy of certification must accompany application); **AND**
  3.  Demonstrated successful completion of a residency or fellowship training program (within the last 2 years) with  
at least four weeks exposure to anesthesia including experience with deep procedural sedation;
- OR**
4.  If fellowship or training program is more than 2 years ago, previous experience with evidence that the applicant has performed planned deep procedural sedation, for at least 12 patients within the past 24 months; **OR**
  5.  Demonstrate successful completion of a deep sedation course to include airway management techniques.

**REAPPOINTMENT:**

1. Reappointment will be based on clinical activity without significant quality variation identified under the quality improvement process; **AND**
2.  Applicant must document performance of planned procedural sedation for at least 12 patients with the past 24 months; **OR**
3.  Demonstrate successful completion of a deep sedation course to include airway management techniques.

*I understand that in applying for deep procedural sedation privileges, I meet the privileging guidelines as indicated above. By signing this form, I acknowledge that I have read and understand and agree to abide by the hospital **Anesthesia Procedural Sedation Policy** (#8610.P050 8720.718). I certify that I am physically and mentally capable to fully function in the category indicated above.*

CME CREDIT \_\_\_\_\_

SIGNED: \_\_\_\_\_  
                  «PROVIDER\_FULL\_NAME»

DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_  
                  Anesthesia Department Chair

DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_  
                  Department Chair

DATE: \_\_\_\_\_