

NASSAU UNIVERSITY MEDICAL CENTER

PRIVILEGES FOR SEDATION

NAME: _____

DEPARTMENT: _____

ACLS _____ **PALS** _____ **ATLS** _____

Exam for Minimal/Moderate Sedation Completed (Score) _____ **Date Completed:** _____

Exam for Deep Sedation/Analgesia Completed (Score) _____ **Date Completed:** _____

1. Minimal sedation (anxiolysis)

A drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected.

_____ **Requested** _____ **Granted** _____ **Not granted**

2. Moderate (conscious) sedation/analgesia

A drug-induced depression of consciousness during which patients 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. The difference between analgesia and moderate sedation is the *intent*. With moderate sedation there is the intent to produce an altered mental state, for the performance of a procedure, as opposed to analgesia (for relief of pain without intentional production of altered mental state such as sedation).

_____ **Requested** _____ **Granted** _____ **Not granted**

3. Deep sedation/analgesia

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 maybe impaired. Patients may require assistance in maintaining a patent airway and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

_____ **Requested** _____ **Granted** _____ **Not granted**

If the clinical practitioner does not hold ACLS, PALS or NRP certification, understand that the dedicated observer must have ACLS, PALS and NRP requirement as appropriate to the patient being sedated. I, as the clinical practitioner, understand that if I am not ACLS, PALS or NRP certified, that my dedicated observer is required to have ACLS, PALS or NRP certification as is appropriate to the patient being sedated.

Practitioner Signature

Date

PRIVILEGES RECOMMENDED

BY ANESTHESIA CHAIR: _____ **DATE:** _____

DEPARTMENT CHAIR: _____ **DATE:** _____