

Sedation Safety Using Clinical Practice Guidelines

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Sedation Safety Using Clinical Practice Guidelines

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Abstract:

Neurological patients undergo repeated diagnostic tests, may be mechanically ventilated, and may require sedation. At one Magnet® hospital, the use of sedation is initiated and monitored using clinical practice guidelines, which serve to minimize patient risk. This presentation discusses two Clinical Practice Guidelines developed to safeguard patients. The Propofol Infusion Guideline outlines lab tests that should be drawn before and during infusion; mandates documentation of a sedation-agitation score; and requires the time to a neurological exam after Propofol is placed on hold. These factors assist the care team to judge effectiveness of the drug and dose. The Sedation During Testing Guideline requires sedation to be initiated 2 hours prior to non-emergent testing for safe and comparable level of pre-procedure and intra-procedure care. During testing, patients are monitored every five minutes to quickly recognize instability. The guidelines assure sedation can be a valuable tool when safety is the objective.

Objectives:

1. Discuss the use of sedation as a means to minimize pain, discomfort, and intolerance of procedures while avoiding excessive or unnecessarily prolonged use.
2. Review evidence addressing the impact of sedation practice and the potential patient safety concerns.
3. Detail two clinical practice guidelines that focus on safe sedation use in high risk patient situations.



Society of Critical Care Medicine Guidelines for Sustained Use of Sedatives and Analgesics:

- Focus on pain, sedation, and delirium
- Start sedation for agitation after pain is addressed
- Do not treat delirium with benzodiazepines - delirium can become worse
- Define upper limit doses of sedation
- Utilize goal directed therapy with defined endpoint

Standardized Use of Sedation Assessment Scales:

- Riker Sedation-Agitation Scale
- Richmond Agitation-Sedation Scale
- Motor Activity Assessment Scale

References:

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3. Pun, B., Dunn, J. (2007). The sedation of critically ill adults. *American Journal of Nursing*, 107(7), 40-48.
4. Sessler, CN., Wilhelm, W. (2008). Analgesia and sedation in the intensive care unit: an overview of the issues. *Critical Care*, 12 Suppl 3:S1.of sedatives and analgesics in the critically ill adult. *Crit Care Med*, 30:119-141.

LVHN Clinical Practice Guidelines:

- Propofol Infusion for Neurology Patients
 - Utilize Riker Sedation-Agitation Scale
 - Identify target sedation-agitation score
 - Infuse and titrate to sedation-agitation score
 - Document sedation-agitation score every hour
 - Document length of time required before full neuro exam can be completed
 - Outline steps required if time to exam is greater than ten minutes
 - Take precautions to decrease potential complications such as laboratory tests, nutrition consult, and tubing change
- Continuous Intravenous Sedation During Testing
 - Complete pre-procedure evaluation two hours before scheduled procedure
 - Evaluate airway stability and necessity of pre-procedure artificial airway placement
 - Determine sedation/analgesics for the procedure
 - Initiate medications two hours pre-procedure to evaluate patient response
 - Document parameters every five minutes during the procedure
 - Empower RN to stop procedure for instability
 - Document agitation score every hour



NEURO	4	4	4	4	4	4	4	4	4	4
Sedation: Time to Exam	S	S	S	S	S	S	S	S	S	S
SeizurePrecedu										
Seizure Type										
Seizure Duration										
PostictalDesc										
BedEpiMon										
EpilepsyMonAlarms										
LOC		Lethargy	Lethargy	Lethargy						
GCSEV		3-To Verbi	4 Spontan							
GCSEMotor		6-Obey Com	6-Obey Com							
GCSEVocal		1-No verbi	1-No verbi							
GCSTOTALSCORE		10	11							
Tubing/Trach		T	T							
TOP Baseline										
TOP LeadPos										
TOP mA										
TOP										
Pupil R (mm)		3								
Pupil L (mm)		3								