

## UNMH Procedural Sedation Privileges

Name:

Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

- Initial privileges (initial appointment)
- Renewal of privileges (reappointment)
- Expansion of privileges (modification)

*All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 02/28/2014*

### **INSTRUCTIONS**

**Applicant:** Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

**Department Chair:** Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

### **OTHER REQUIREMENTS**

1. Note that privileges granted may only be exercised at UNM Hospitals and clinics that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
2. This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

### **SUPPLEMENTAL INFORMATION ON SEDATION PRIVILEGES**

Physicians in Anesthesia, Critical Care and Emergency Medicine do not require separate privileging to deliver moderate or deep procedural sedation. Allied Health Professionals with core privileges in Anesthesia do not require separate privileging in moderate or deep procedural sedation.

## UNMH Procedural Sedation Privileges

Name:

Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

### *Qualifications for Moderate/Conscious Sedation*

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***Initial Applicant*** - To be eligible to apply for privileges in moderate/conscious sedation, the initial applicant must meet the following criteria:

MD, DO, DDS/DMD, CNP, CNS, or PA

AND

Formal class/training program in sedation and airway management, or residency-based educational training

AND

Supervised clinical training or practice

AND

Age-appropriate ALS (ACLS or PALS or NRP) certification or enhanced BLS certification as appropriate

AND

Successful completion of written competency in Moderate/Conscious Sedation module and post test every two years

***Required previous experience:*** Applicants must be able to demonstrate active clinical practice since completion of training, reflective of the scope of privileges requested, or supervised clinical practice if training completed within the past 12 months.

***Reappointment (Renewal of Privileges) Requirements*** - To be eligible to renew privileges in moderate/conscious sedation, the reapplicant must continue to meet the appointment criteria and must meet the following maintenance of privilege criteria:

Renewal of written competency in Moderate/Conscious Sedation module and post test

AND

Maintenance of age-appropriate ALS (Current ACLS, PALS, NRP) or enhanced BLS certification as appropriate

AND

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

## UNMH Procedural Sedation Privileges

Name:

Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

### **CORE PRIVILEGES: *Moderate/Conscious Sedation***

**Moderate/Conscious Procedural sedation** 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. Practitioners must be competent to rescue patients from a more profound level of sedation, which may involve airway support. Privileged providers may administer or supervise qualified allied health professionals (as defined above) in the administration of moderate sedation. Moderate sedation may only be administered in accordance with relevant UNMH policies and procedures.

These procedures do not apply to anxiolysis (minimal sedation) or for sedation used for therapeutic management of pain control, mechanically ventilated patients in the intensive care unit, management of seizures, or patients under the immediate and direct management of the Department of Anesthesiology.

#### **Requested**

### ***Moderate/Conscious Sedation Core Procedures List***

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This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

**To the applicant:** If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

1. Physical assessment of patients for moderate sedation and assignment of American Society of Anesthesiologists Physical Status
2. Interpretation of capnography, oximetry, and electrocardiography in sedated patients
3. Airway management necessary to rescue from deeper levels of sedation, including bag-mask ventilation, oropharyngeal and nasopharyngeal airway insertion, and emergent endotracheal intubation
4. Pharmacologic reversal of sedation
5. Direct supervision of qualified allied health professionals in the administration of and monitoring of moderate procedural sedation
6. Administration of drugs necessary to achieve moderate sedation with the exception of propofol, ketamine, etomidate, dexmedetomidine, or barbituates

## UNMH Procedural Sedation Privileges

Name: \_\_\_\_\_  
Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

### *Qualifications for Deep Sedation*

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***Initial Applicant*** - To be eligible to apply for privileges in deep sedation, the initial applicant must meet the following criteria:

MD, DO, DDS/DMD

AND

Age-appropriate ALS (Current ACLS, PALS, NRP) certification

AND

Successful completion of an Advanced Procedural Sedation class (or equivalent) one time. Rapid Sequence Intubation & Difficult Airway Management classes are encouraged and highly recommended.

AND

Successful completion of the Advanced Procedural Sedation written competency every two years

***Required previous experience:*** Applicants must be able to demonstrate active clinical practice since completion of training, reflective of the scope of privileges requested, or supervised clinical practice if training completed within the past 12 months.

***Reappointment (Renewal of Privileges) Requirements*** - To be eligible to renew privileges in deep sedation, the reapplicant must continue to meet the appointment criteria and must meet the following maintenance of privilege criteria:

Current Age-appropriate ALS (Current ACLS, PALS, NRP) certification

AND

Successful renewal of written competency every two years

AND

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

## UNMH Procedural Sedation Privileges

Name:

Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

### **CORE PRIVILEGES: *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 but may be impaired. Limited to specific areas within the hospital (ie Emergency Department, ICU). If the patient loses consciousness and the ability to respond purposefully, the anesthesia care is a general anesthetic, irrespective of whether airway instrumentation is required. Unrestricted general anesthesia shall only be administered by anesthesia professionals within their scope of practice (anesthesiologists, certified registered nurse anesthetists and anesthesiologist assistants).

These procedures do not apply to anxiolysis (minimal sedation) or conscious (moderate) sedation, or for sedation used for therapeutic management of pain control, mechanically ventilated patients in the intensive care unit, seizures, or patients under the immediate and direct management of the Department of Anesthesiology. The physician managing the procedural care of the patient receiving deep sedation must have no other responsibilities that would require leaving the patient unattended or compromising continuous patient monitoring for the duration of the deep sedation episode.

#### **Requested**

### ***Deep Sedation Core Procedures List***

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This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

**To the applicant:** If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

1. Physical assessment of patients for sedation
2. Interpretation of ECG, capnography, oximetry
3. Airway management intervention as necessary, including but not limited to bag-mask ventilation, oral or nasopharyngeal airway insertion, supraglottic airway insertion, endotracheal intubation
4. Administration of drugs necessary to achieve deep sedation, including propofol, ketamine and etomidate
5. Pharmacologic reversal of sedation
6. Supervision of qualified allied health professionals in the provision and monitoring of deep sedation
7. Cardiopulmonary resuscitation

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### **Acknowledgment of practitioner**

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at UNM Hospitals and clinics, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation and **I have reviewed the current medical staff policies relevant to this privilege request, at the time of this application.**
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### **Department recommendation(s)**

I have reviewed the requested clinical privileges with the applicant and the supporting documentation for the above-named applicant and:

- Recommend all requested privileges with the standard professional practice plan
- Recommend privileges with the standard professional practice plan and the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege Condition/Modification/Explanation

Notes:

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Division Chief Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Department Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Criteria approved by UNMH Board of Trustees on 02/28/2014