

Procedural Sedation Privileges

Name: _____ Application Date: _____

Initial privileges (initial appointment)

Requested

Renewal of privileges (reappointment)

Requested

Expansion of privileges (modification)

Requested

Clinic: _____ Location: _____

Instructions

Applicant: Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the UNMMG Board 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 & Clinic Medical Director: 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 UNMMG clinics that have the appropriate equipment, license, staff and other support required to provide the services defined in this document. Site-specific services may be defined in clinic or department policy.
2. This document defines qualification to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

UNM Medical Group, Inc., is a part of an association of healthcare providers established by the UNM Health Sciences Center Board of Directors under and pursuant to the provisions of the Review Organization Immunity Act, Section 41-9-1 et seq., NMSA 1978 ("ROIA"). The information and materials identified in this document were prepared for the purposes of peer review as described and defined in ROIA and are, therefore, confidential and not to be disclosed except as provided in ROIA.

Procedural Sedation Privileges

SUPPLEMENTAL INFORMATION ON SEDATION PRIVILEGES

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

Definitions:

Local or topical anesthesia is the application of local anesthetic agents, in appropriate doses adjusted for weight.

Minimal Sedation (anxiolysis) is 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. Inhaled nitrous oxide in low concentrations that would not reasonably be expected to result in loss of the patient's life-preserving protective reflexes would be considered minimal 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.

Deep sedation/analgesia is 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 ventilator function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

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Qualifications for Moderate/Conscious Sedation

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 current ACLS certification or enhanced BLS certification as appropriate

AND

Successful completion of written competency in Moderate/Conscious Sedation module and posttest 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.

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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 current ACLS 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.

Procedural Sedation Privileges

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 UNMMG 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.

Request

Moderate/Conscious Sedation Core Procedures List

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

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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 UNMMG Clinics, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by UNMMG Clinic and medical staff policies and rules applicable to generally and any applicable to the particular situation.
- 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 _____

SOM Department Chair Recommendation(s)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Notes: _____

Dept Chair _____ Date _____

UNMMG Medical Director _____ Date _____

CMO or ACMO _____ Date _____

Criteria Approved by UNMMG Board of Directors (EC) on **1/22/15**