

**CHARLESTON AREA MEDICAL CENTER, INC. (CAMC) INSTITUTIONAL CRITERIA
FOR ADDITIONAL OR REAPPOINTMENT PRIVILEGES
FOR DEEP SEDATION BY NON-ANESTHESIOLOGISTS**

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 maintain ventilatory function may be impaired. Patients may require assistance in maintaining their airway and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

Non-anesthesiologist Sedation Physician: A licensed physician (allopathic or osteopathic); dentist, or oral surgeon, who is qualified to administer anesthesia under State law; who has not completed postgraduate training in anesthesiology but is specifically trained to personally administer deep sedation.

Deep Sedation Privileges are required for administration of deep sedation medications which include the administration of Etomidate (Amidate), Propofol (Diprivan), Methohexital (Brevital), and Ketamine (Ketalar).

Because training is procedure specific, the type and complexity of procedures for which the physician may administer deep sedation must be specified in the privileges granted.

Please note: Deep sedation privileges are not required for administration of medications given to patients in intensive care units for the purpose of long term sedation and intubated patients on ventilators.

Please note: Deep Sedation is authorized for use in intensive care unit equivalents or higher (ex. operating room)

Applicants: (Please check category of applicant below)

- Physician specially trained in Cardiovascular Disease, Critical Care Medicine, Emergency Medicine, **or** Pulmonary Disease, who by nature of their training and medical practice have the skills necessary to safely manage deeply sedated patients
- Dentist **or** Maxillofacial Surgeon with a current General Anesthesia certificate issued by the West Virginia Board of Dental Examiners
- Non-anesthesiologist physician who wishes to provide deep sedation to patients for any short term therapeutic, diagnostic or surgical procedure

Basic Requirements: Degree of MD, DO, or DDS/DMD

Formal Training:

Successful completion of an ACGME or AOA accredited adult or pediatric residency/fellowship in Cardiovascular Disease, Critical Care Medicine, Pulmonary Disease, Emergency Medicine, or Dental/Maxillofacial Surgery and current certification or participation in the examination process (with achievement of certification within five (5) years of completion of residency/fellowship). Evidence that deep sedation training was included in the residency/fellowship must be provided.

Training Requirements:

- Must have participated in at least 12 deep sedation procedures within the previous 24 months

References:

- If the applicant has completed residency/fellowship training within the previous two (2) years, a letter of reference must come from the director of the applicant's training program which includes verification of competency to administer deep sedation, verification of airway management skills,

and a case log which documents the minimum number of sedation procedures have been performed within the required timeframe described above, including documentation of outcomes.

- Alternatively, a letter of reference may come from the applicable department chair and/or clinical service chief at the facility where the applicant most currently practiced within the past two (2) years which includes verification of competency to administer deep sedation, verification of airway management skills and a case log which documents that the minimum number of sedation procedures have been performed within the required timeframe described above, including documentation of outcomes.

NOTE: If detailed information is not available or satisfactory from the reference(s):

THEN

- A minimum of three (3) proctored cases must be completed with further appropriate proctoring if indicated until competency is demonstrated. Cases may be proctored by an anesthesiologist, Certified Registered Nurse Anesthetist, or a non-anesthesia physician who holds deep sedation privileges at CAMC.

Note: The proctor's role is to observe, validate and document the physician's technical skill and ability to perform deep sedation in a competent manner. It should be understood that the proctor is not expected to perform any portion of the procedure for which he/she is proctoring unless an emergency arises. In case of emergency the proctor may administer emergency treatment to the extent permitted by his or her license.

Practice Based Pathway:

- Granted clinical privileges in one of the following specialties and not formally trained: Cardiovascular Disease, Critical Care Medicine, or Emergency Medicine
- Granted clinical privileges for Moderate Sedation
- Must have and maintain Advanced Cardiac Life Support and/or Pediatric Advanced Life Support certification (Course must include airway management demonstration and certificate must be attached to privilege request)
- Satisfactory completion of a formal training program in (1) the safe administration of sedative and analgesic drugs used to establish a level of deep sedation, and (2) rescue of patients who exhibit adverse physiologic consequences of a deeper-than-intended level of sedation. (training program must be approved by CAMC)
- A minimum of three (3) proctored cases must be completed with further appropriate proctoring if indicated until competency is demonstrated. Cases may be proctored by an anesthesiologist, Certified Registered Nurse Anesthetist, or a non-anesthesia physician who holds deep sedation privileges at CAMC.
- Must demonstrate airway management skills with an anesthesiologist in the operating room.

Maintenance of Competence for Reappointment

1. Completion of a formal training program every (2) years in (1) the safe administration of sedative and analgesic drugs used to establish a level of deep sedation, and (2) rescue of patients who exhibit adverse physiologic consequences of a deeper-than-intended level of sedation. (training program must be approved by CAMC)
2. ACLS, ATLS, PALS, NRP or equivalent training in cardiopulmonary resuscitation must be maintained
3. The physician must submit documentation that he or she has maintained competence in the administration of deep sedation by demonstrating satisfactory performance on an annual basis of a minimum of six (6) deep sedation cases. Any of the following events will be referred to the Sedation Quality Committee for evaluation: (a) cardiac arrest, (b) use of reversal agents, (c) utilization of ventilation requiring bag-valve-mask, laryngeal mask or endotracheal airways and (d) progress to general anesthesia.

- If an issue is found with use of assistance with ventilation requiring bag-valve-mask or laryngeal or endotracheal airways, re-evaluation of competency in airway management will be required. The physician's performance of airway management will be reviewed by an anesthesiologist, Certified Registered Nurse Anesthetist, or a non-anesthesiologist sedation physician who is currently privileged to administer deep sedation. The physician must arrange for the review to occur.
- If six (6) deep sedation cases have not been performed annually, the physician will be required to have the following:
 - A minimum of two (2) proctored cases must be completed with further appropriate proctoring if indicated until competency is demonstrated. Cases may be proctored by an anesthesiologist, Certified Registered Nurse Anesthetist, or a non-anesthesia provider who holds deep sedation privileges at CAMC.

4. REFERENCES

Advisory on Granting Privileges for Deep Sedation to Non-Anesthesiologist Sedation Practitioners: Committee of Origin: *Ad Hoc* on Non-Anesthesiologist Privileging (Approved by the ASA House of Delegates on October 20, 2010)

American Society of Anesthesiologist ASA Physical Status Classification System (published in the annual edition of the ASA Relative Value Guide®)

American Society of Anesthesiologists: Statement on Granting Privileges for Administration of Moderate Sedation to Practitioners who are not Anesthesia Professionals: Committee of Origin: Ad Hoc Committee on Credentialing; Committee of Review: Ambulatory Surgical Care (Approved by the ASA House of Delegates on October 25, 2005, and last amended on October 19, 2011)

American Society of Anesthesiologists: Statement on Granting Privileges to Non-Anesthesiologists Physicians for Personally Administering or Supervising Deep Sedation (Approved by the ASA House of Delegates on October 18, 2006, and amended on October 17, 2012)

Center for Medicaid & Medicare Services (2011): Revised Hospital Anesthesia Services Interpretive Guidelines. §482.52 Conditions of Participation: Anesthesia Services

Practice Guidelines for Sedation and Analgesia by Non-Anesthesiologists: An Updated Report by the American Society of Anesthesiologists Task Force on Sedation and Analgesia by Non-Anesthesiologists; *Anesthesiology*, V 96, No. 4, Apr. 2002 pp. 1004 - 1017

Society for Pediatric Sedation Consensus Statement: Core Competencies for Pediatric Providers who Deliver Deep Sedation

The Society for Pediatric Sedation: Sedation Provider Course, June 2009

Upstate University Hospital Clinical Manual: Guidelines for Use of Deep Sedation: December 5, 2012

**CHARLESTON AREA MEDICAL CENTER, INC. (CAMC)
APPLICATION FOR ADDITIONAL OR REAPPOINTMENT PRIVILEGES
FOR DEEP SEDATION FOR NON-ANESTHESIOLOGISTS**

Name: _____

Date: _____

- Initial Request
- Reappointment Request

I wish to apply/reapply for privileges to perform deep sedation at CAMC per the attached patient management plan and have attached appropriate documentation as required in the Institutional Criteria for Deep Sedation for Non-Anesthesiologists.

I certify that I have read and understand the CAMC Policy for deep sedation for short term therapeutic, diagnostic or surgical procedures and agree to abide by the policy requirements.

I understand that my education, experience, performance and Patient Management Plan will be reviewed by and must be satisfactory to the Chief of Anesthesia prior to privileges being recommended by my Department Chief.

A Patient Management Plan for intended use, pre-sedation evaluation, ASA categories in which deep sedation will be used, agents to be utilized, proposed site(s) (unit(s)) of administration, and plan for post-procedure monitoring must be evaluated and authorized by the Department of Anesthesia please submit with privilege request or application will be deemed incomplete.

Signature

Date

Printed Name

Anesthesiology Department Chief Approval

Date

Printed Name

Section Head Approval (if applicable)

Date

Printed Name

Department Chief Approval

Date

Printed Name

Charleston Area Medical Center, Inc.
Deep Sedation Patient Management Plan

1. Special Care/Procedure Unit (s) where deep sedation will be utilized:

2. ASA Patient Status Categories for which you anticipate using deep sedation.

- P1. A normal healthy patient
- P2. A patient with mild systemic disease
- P3. A patient with severe systemic disease
- P4. A patient with severe systemic disease that is a constant threat to life (i.e.) _____

SHOULD THIS BE REMOVED?

3. Agent (s): _____

4. Post Sedation recovery/monitoring and supervision plan:

- Post Anesthesia Recovery Unit
- Special Care/Procedure Unit (s) _____
- Other _____

5. Other management plans to ensure patient safety:

Anesthesia Review: Satisfactory
 More information needed:

Signature of Applicant

Chief/Vice Chief Anesthesiology

Sedation Quality Committee Approval:	July 25, 2013; July 2015
Medical Staff Officer Review:	April 7, 2014; October 5, 2015
Credentials Committee Approval:	August 6, 2013; October 6, 2015; March 6, 2018; April 3, 2018
Medical Staff Executive Committee Approval:	August 8, 2013; October 8, 2015; March 8, 2018; April 12, 2018
Board of Trustees Approval:	August 28, 2013; October 28, 2015; March 28, 2018; April 25, 2018