MINNESOTA
BOARD OF NURSING

Statement of Accountability by the Registered Nurse for Administration of Medications Classified as Anesthetics

The administration of medications is within the scope of practice of registered nurses and licensed practical nurses in the State of Minnesota as a delegated medical function. (See Minn. Stat. Sec. 148.171, subd. 14 and 15 (2017). Since nurses frequently administer medications, it may appear to be a routine activity. However, many medications have significant effects, even if administered correctly and within normal dose ranges. Therefore, it is the expectation of the Minnesota Board of Nursing that nurses give careful consideration to each instance of medication administration and make a nursing judgment regarding whether the nurse may safely accept the delegation of medication administration under the given circumstances and specific setting.

The administration of medications classified as anesthetics, used for the purpose of procedural sedation and analgesia, requires particular attention.[1] The Institute for Safe Medication Practices has identified anesthetic agents and moderate sedation agents as "High Alert" medications that "bear a heightened risk of causing significant patient harm when they are used in error." High alert medications may be population-specific.

Sedation is a continuum, and it is not always possible to predict how an individual patient will respond to anesthetics. Nurses and providers administering sedation or monitoring sedated patients should be prepared to appropriately respond to patients whose level of sedation becomes deeper than initially intended.

American Society of Anesthesiologist Sedation Level Definitions	
Level of Sedation	**Definition**
Minimal sedation (anxiolysis)	A drug-induced state during which patients respond normally to verbal commands. Although cognitive function and physical coordination may be impaired, ventilatory and cardiovascular functions are unaffected.
Moderate sedation/Analgesia (formerly conscious 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.

[1] Utilizing appropriate, descriptive terminology is complicated by the properties of some medications and their effects. Medications may provide varying levels of sedation (minimal, moderate, or deep sedation to anesthesia), depending on the dose. While the phrase "medications classified as anesthetics" is used in this document, it should be understood that classification of medications may change, and new medications may be developed. The accountability statement applies to other medications with anesthesia inducing properties, even if not classified as anesthetics. "Procedural sedation" includes moderate and deep sedation. This statement is not intended to apply to continuous infusion of medications to ventilated patients.

Deep sedation/Analgesia	A drug-induced depression of consciousness during which patients cannot be aroused easily 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.
Anesthesia	A drug-induced loss of consciousness during which patients are not arousable, even with painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

Currently, there is no uniformly accepted training or core competency for registered nurses[2] to administer sedation. Additionally, there are numerous sedation guidelines and statements but no widely accepted, national standards of practice.

The Minnesota Board of Nursing believes that registered nurses may administer medications classified as anesthetics provided that the registered nurse has acquired the knowledge and skills to administer these medications safely.[2] Registered nurses who administer medications classified as anesthetics are accountable to the following:

- Verifying the policies and procedures of the employing facility or organization permit administration of medications for sedation by a registered nurse.
- Ensuring guidelines for patient monitoring, drug administration, and protocols for managing potential complications or emergency situations are available and have been updated in accordance with accepted standards of anesthesia and nursing practice.
- Providing clear and complete information to the patient or responsible party prior to, during, and following sedation.
- Adequately assessing the patient prior to, during, and after administration of the medications. A baseline assessment will include, at a minimum, respiratory rate, oxygen saturation, blood pressure, cardiac rate and rhythm, and the patient's level of consciousness. The components of the ongoing assessment of the patient will depend on the medications being administered and the condition of the patient in consideration with the assessments identified above.
- Personally possessing specialized nursing knowledge, judgment, skills, and current clinical competence to manage the nursing care of the patient including:
    - Appropriate judgment in patient selection and screening.
    - Knowledge of anatomy, physiology, pharmacology, cardiac arrhythmia recognition, oxygen delivery, respiratory physiology, transport, and uptake.
    - Skill in utilization of oxygen delivery devices and airway management.

[2] Because of the degree of assessment and clinical skill required to administer anesthetics, this is not within the licensed practical nurse scope.

- Familiarity with the medications to be administered, including the onset and duration of action, desired effects, normal dose range, route of administration, indications, contraindications, interactions with other medications, possible side effects, and adverse reactions.
- The nurse must also be familiar with reversal agents, if any, for the medications administered. Reversal agents should be readily available to administer, if indicated.
- Competent and safe administration of the medication(s) by the specified route.
- Ability to anticipate and recognize potential complications of the medications being administered.
- Ability to recognize emergency situations and institute emergency procedures as appropriate to the patient condition and circumstance.

- Possessing knowledge of the desired outcome of sedation.
- Monitoring the patient as indicated by the patient's condition and the medications administered. This includes the patient's appearance, airway patency, ability to spontaneously ventilate, and response to verbal commands and physical stimuli.
  - ECG monitoring should be considered for high-risk patients, during prolonged procedures, or during deep sedation.
  - Continuous pulse oximetry and Capnography should be considered for patients with comorbidities affecting respiratory or circulatory functioning, or when the medications administered may depress respirations.
- Excluding any other duties or responsibilities while administering medications for moderate or deep sedation. Excluding other duties that would require leaving the patient unattended or compromise continuous monitoring of the patient by the nurse while the patient is sedated.
- Ensuring device alarms are set to alert the care team to critical changes in patient status.
- Ensuring immediate availability of emergency and resuscitation personnel and appropriate equipment based on the medications being administered and patient's the age and condition.
- Declining to administer medications classified as anesthetics or other medications if the registered nurse perceives the administration would be unsafe under the circumstances.
- Maintaining safeguards for the appropriate management and accountability of controlled or abusable substances.
- Refraining from the administration of sedating medications as a form of chemical restraints, as defined by Minn. Stat. Sec. 245d.02 subd. 3b.
- Complying with all applicable Federal and state laws and rules.

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References

1. American Academy of Emergency Medicine. (2008). Procedural Sedation Consensus Statement. AAEM Website. Retrieved 4/8/24, from https://www.aaem.org/statements/procedural-sedation-consensus-statement/

2. American Association of Moderate Sedation Nurses. (2016). Retrieved 4/8/24, from http://aamsn.org/

3. American Association of Moderate Sedation Nurses. (2016). Retrieved 4/8/24, from http://aamsn.org/resources/pdfs/sedation-related-pdfs/registered-nurse-csrn-scope-of-practice

4. American Association of Nurse Anesthetists (AANA), & American Society of Anesthesiologists (ASA). (2014). AANA-ASA Joint statement regarding propofol administration. American Society of Anesthesiologists. Retrieved 4/7/24, from https://www.asahq.org/standards-and-practice-parameters/statement-on-safe-use-of-propofol

5. American Association of Nurse Anesthetists (AANA). (2022). AANA Practice Manual – Non-anesthesia Provider Procedural Sedation and Analgesia. Position Statements. Retrieved 4/15/24, from https://www.asahq.org/standards-and-practice-parameters/statement-on-continuum-of-depth-of-sedation-definition-of-general-anesthesia-and-levels-of-sedation-analgesia

6. American Nurses Association. (2008). Procedural sedation consensus statement. Retrieved 4/15/24, from https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/procedural-sedation-consensus-statement/

7. American Society of Anesthesiologists (ASA). (2014). Retrieved 4/16/24, from http:///statement-on-safe-use-of-propofol%20(3).pdf

8. American Society of Anesthesiologists (ASA). (2019). Retrieved 4/20/24, from http:///continuum-of depth-of-sedation-definition-of-general-anesthesia-and-levels-of-sedation-analgesia%20(1).pdf

9. Association of perioperative Registered Nurses (AORN). (2015) Moderate sedation/analgesia. Retrieved 4/20/24, from https://www.aorn.org/guidelines/clinical-resources/clinical-faqs/moderate-sedation-analgesia

10. Crego, N. (2015). Procedural sedation practice: A review of current nursing standards. Journal of Nursing Regulation, 6, 50-56.

11. Institute for Safe Medication Practices (ISMP). ISMP List of High-Alert Medications in Acute Care Settings. ISMP; 2024. Retrieved 4/20/24, https://home.ecri.org/blogs/ismp-resources/tagged/recommendations

12. eMedicine Specialties. (2015). Procedural sedation. Retrieved 4/24/24, from http://emedicine.medscape.com/article/109695-overview

13. Emergency Nurses Association Joint Position Statement. (2008). Procedural sedation consensus statement. Retrieved 4/25/24, from https://www.ena.org/SiteCollectionDocuments/Position%20Statements/Archived/Procedural_Sedation_Consensus_Statement.pdf

14. Emergency Nurses Association. (2015). Statewide RN procedural sedation rules. Retrieved 4/25/24, from https://www.ena.org/government/State/Documents/RNProceduralSedationRules.pdf

15. Saunders, R., Struys, M. M. R. F., Pollock, R. F., Mestek, M., & Lightdale, J. R. (2017). Patient safety during procedural sedation using capnography monitoring: a systematic review and meta analysis. Retrieved 4/30/24, from https://doi.org/10.1136/bmjopen-2016-013402