**Procedural Sedation and Analgesia (PSA) by Intravenous Administration in Radiology**

***Pathway Insert***

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Pre-assessment by Interventional Radiology (IR) Nurse for

Procedural Sedation and Analgesia

Name of Nurse filling out form: Date:

*To be used in conjunction with IR procedural pathway*

Confirmed patient understands the nature of sedation and analgesia, with an explanation of the intended benefits of alleviating anxiety and pain during the procedure Y/N

|  |
| --- |
| Confirm any additional recovery time due to sedation and patient aware Y/N  |
| Confirm nurse availability for role of sedationist Y/N |
| Confirm past medical history as detailed on IR procedure pathway Y/NExclude contraindications to PSA* Obstructive sleep apnoea Y/N
* Breathless at rest or short of breath on lying flat Y/N
* No history of reaction or sensitivity to sedatives Y/N

Seek anaesthetic advice if ASA grade ≥ 3 * Details….

  |
| Confirm patient able to lie still for procedure (prone or supine as IR procedure requires)  Y/N |
| Confirm medications detailed on IR procedure pathway Y/N |
| Confirm allergy status Y/N |
| Confirm fasting instructionsNil by mouth 6 hours, Clear fluids until 2 hours prior to procedure Y/N  |
| Confirm transport and responsible adult to collect and Y/Naccompany patient for 24 hours |
| **Informed of restrictions post procedure**no driving, no alcohol, not to be responsible for minors,  not to sign any legal documents for 24 hours Y/N |
| **PIL sent to patient Y/N** |

# Airway Assessment Guide

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(Cook, C., Lees, M., Kellow, N., Segal, O., & Trigo, A. (2016, August). Retrieved from SedateUK: https://sedate-uk.com/wp-content/uploads/2018/08/Lemon-2.pdf)

# Pre-Sedation Checklist

# *To be completed in addition to IR procedure checklist*

# Name of nurse completing form:

|  |  |  |
| --- | --- | --- |
| Date: | Procedure: | Allergies: |
| Medical History |
|  |
| Current Medication |
|  |

|  |  |
| --- | --- |
| Perform airway assessment following LEMON (SedateUK)Any issues escalated to IR consultant | Safe airway Y/N |
| ASA grade: 1 2 3  | ASA 1-2 Y/N |
| Age:Height:Weight:BMI: | BMI <35 Y/N |
| Fasted  |  Y/N  |
| Dentures removed |  Y/N N/A |

|  |
| --- |
| Baseline Observations |
| BP: | HR: | RR: | SpO2: |

# Reviewed by IR consultant as fit to undergo PSA Y/N

# Consultant Name: Signature: Date:

# Procedure

# Follow IR consultant direction for PSA dose administration and subsequent titration to effect administration

# Interventional Radiology Patient Monitoring Chart during Procedural Sedation and Analgesia to be completed providing 5-minute observations

# Record the Alertness in Sedated Patients (ASP) score

# Detail medication administration on the observation chart and on the IR procedural pathway

# If verbal responsiveness is lost, an anaesthetist should be sought:

Duty consultant anesthetist bleep 1713

Anaesthetic department ext 2050

ICU registrar bleep 1319

ICU consultant bleep 1373

Consider calling 2222 to request adult MET support

# Prepare reversal agents and follow consultant direction

#

# Post procedure

Patient into recovery at:

Ensure call bell to hand Y/N

|  |  |
| --- | --- |
| Care Guidelines:  | Rationale: |
| Monitor the patient for 30 mins, at 5-minute intervals, after last administrated PSAThen revert to IR procedure monitoringIf the patient required reversal agents monitor at 5-minute intervals for 60 minutes.**Follow NEWS2 (trust policy) and escalate when triggers NEWS score.**  | To determine if the patient is recovering to pre-procedural level of consciousnessUse the dedicated sedation NEWS chart to record sedation (ASP) level Precautionary to identify if re-sedation occurring. Preserve airway patency.Escalate to IR consultantEscalate if concerned contacting anesthetist on call or ring 2222 for MET responseDuty consultant anesthetist bleep 1713ICU registrar bleep 1319ICU consultant bleep 1373Escalate to IR consultantEscalate to referring team as appropriate |
| Patient may eat and drink as directed by IR procedural guidance and once fully awake and responsive.  | Precautionary in case of post procedure complications requiring radiology intervention/surgery. |
| Observe for rashes, wheezing and shock. Call for help immediately if detected. This may require a MET call (2222) if the patient is having a severe reaction.  | Early detection of adverse drug reaction. More likely to occur peri or immediately post procedure but can be delayed.  |

Radiology Discharge Criteria Post Sedation

|  |  |  |  |
| --- | --- | --- | --- |
| **TEST** | **Assessment** | **ü** | **Score**  |
| **Consciousness** | Fully Awake and stable vital signs |  | 2 |
| waking on calling |  | 1 |
| non-responsive |  | 0 |
| **Pain** | Pain free |  | 2 |
| Mild pain controlled by simple oral medication |  | 1 |
| uncontrolled pain |  | 0 |
| **Ambulation** | Able to stand and walk if appropriate |  | 2 |
| dizzy when standing |  | 1 |
| dizziness when supine |  | 0 |
| **Fasting/Feeding** | able to drink and eat  |  | 2 |
| nauseated |  | 1 |
| nausea and vomiting  |  | 0 |
| **Urine Output**  | has voided  |  | 2 |
| unable to void but comfortable |  | 1 |
| unable to void and uncomfortable  |  | 0 |

**Total score=**

**Score ≥8 Patient Safe for discharge**

|  |  |
| --- | --- |
| **Fit for Discharge:** Care for 24hrs post sedation 🞎Canula removed 🞎 VIP score:  | **Not Fit for Discharge:** Reason: Admitted to: Time: Medical Staff Informed 🞎Relative Informed 🞎 |

**Score ≤7 Continue Observation or admit**

**Print:…………………………………. Sign: ……………………………………. Date: ………………**