**Procedural Sedation for Non-Intubated Patients in the ICU**

1. Prior to starting the procedure, the proceduralist should speak with the SICU attending and/or fellow to discuss the planned procedure and to address the type of sedation that the patient will require. Potential airway and cardiopulmonary issues should be discussed at that time.
2. If the proceduralist and SICU fellow/attending agree that the patient is an appropriate candidate for “moderate sedation” (conscious sedation), the proceduralist should provide sedation during the procedure. Per BJH Moderate Sedation by Non-Anesthesia Personnel for Procedures policy, moderate sedation is defined as 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. For monitoring purposes, a RASS shall not exceed a score of -3.
	1. The proceduralist should document the patient’s history/physical, ASA status, fasting status, and IV access, as per BJH policy
	2. It is the responsibility of the proceduralist to ensure that oxygen masks/nasal cannula, ambu bag, and positive pressure mask are in the room prior to starting the procedure. ETCO2 nasal cannula (or sampling line connected to mask) recommended.
	3. Patients should be monitored throughout the procedure with ECG, pulse ox, and q5minute BPs. ETCO2 monitoring recommended. The SICU nurse will document medications delivered and q5min vital signs (including RASS, O2 saturation, HR, rhythm, and BP).
	4. The SICU nurse will administer sedative medications as directed by the proceduralist. Following the procedure, the proceduralist will enter orders for the medications used into Compass. [Note: SICU nurses may not administer propofol to non-intubated patients.]
	5. The SICU nurse (as the designated staff person for patient monitoring and safety) may not leave the patient’s room for any reason during the procedure.
	6. Any sedation-related complications that occur during the procedure should be immediately communicated to the SICU attending and/or fellow. This includes episodes of hypotension, airway obstruction, desaturation, etc. The SICU attending/fellow will be available in the ICU to provide backup airway support if needed.
	7. The SICU nurse will provide post-procedure monitoring and documentation as per the BJC Sedation Policy.
3. If the patient is determined NOT to be an appropriate candidate for moderate sedation (due to airway concerns, cardiopulmonary instability, or any other reason), the proceduralist should contact Anesthesia to arrange for monitored anesthesia care (MAC) or general anesthesia.
	1. The proceduralist should call the BJH OR Scheduling office (314-362-4190 M-F 0700-1700) or POD2 desk (314-362-4000 M-F 1700-0700 and weekends) to book the case.
	2. If the case is urgent (needs to go within 3 hours) or emergent (needs to go within 1 hour), the proceduralist should also call the Trauma Anesthesiologist (314-747-4363) to discuss the case.
	3. The proceduralist will not ask the SICU attending to provide sedation (either moderate or deep) for the patient during the procdure.
4. Following the procedure, the proceduralist should again speak to the SICU attending and/or fellow to discuss the significant findings of the procedure, the type and doses of drugs administered, and any other concerns.