



# Procedural Sedation for Endoscopy

meeting current challenges with simulation-based RN training

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# Disclosures

I have no disclosures or conflicts of interest.



# Outcomes

- Identify two contemporary and emergent challenges faced by RNs administering sedation to endoscopy patients
- Analyze benefits and barriers to implementing simulation-based procedural sedation training



# Influences on procedural sedation administration practices

## **Internal**

- Staffing
- Providers
- Standards of care
- Availability of equipment
- Financial constraints

## **External**

- Reimbursement
- Legal/Regulatory
- Patient expectations
- Advances in administration technology
- Patient population risk factors



# What is the role of the RN?

- What risk is assumed by the RN administering sedation?
- What percentage of procedural-related complications arise from sedation?
- Patients may take legal action for both over- and under-sedation
- Hospital policy should define patient type for who is and is not eligible for nurse-administered sedation
- Hospital guideline should define the sedation medication parameters



# Which Nurse is Competent?

- RN Gina
  - RN for 10 years, worked in the ED before she went into Endoscopy
  - Has performed 3 sedation cases with a preceptor.
  - Preceptor says “I checked her off, she’s totally fine for sedation, she has been giving meds for years.”
- RN Jack
  - RN for 2 years, worked on ortho inpatient unit before she went into Endoscopy
  - Has performed 5 sedation cases with preceptor.
  - Preceptor says “ I think after one more case she will be safe to administer sedation on her own.”



# What does sedation competence look like?

Assessment

Risk stratification

Monitor interpretation

Pharmacology

Communication

# How do you train RNs to be competent?

- Train like NASA-
- You are 746 million miles from the nearest mechanic...
  - What is the worst thing that could go wrong?
  - How are you going to know if it is beginning to go wrong?
  - What are you going to do if that happens?







# Does it work?

YES.

Strengths of simulation based learning exercises:

- Standardized experiences for all RNs
- Tailor to the staff experience, complexity of environment
- Measure performance against a set of expectations/guideline or rubric
- Help staff identify/correct their weaknesses or risky behaviors
- Create a record to prove unit is proactive in ensuring standard of care is met --- High Reliability

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