

Use of Anesthesia Record for Procedural Sedation Guide for PICU fellows/Attendings

Please refer to the Pediatric Sedation Policy for Non-Anesthesiologists (Policy stat 13442266) for definitions, qualifications, procedure specifics, NPO guidelines, and other information.

This guide is only to address the use of the anesthesia record by PICU providers.

Procedural sedations generally warrant a physician completing an anesthesia record, however this may vary at the discretion of the attending in emergency situations, etc.

Procedural sedation that should be documented by use of anesthesia record, in the PICU, includes and is not limited to:

1. **ALL Native airway sedations for imaging, procedures, etc. **These should also include signed informed consent for the sedation**
2. Sedation in intubated patients for procedures in the unit being performed by non PICU provider. Examples include:
 - a. ECMO cannulation/decannulation
 - b. Emergency procedure by cardiac surgery or peds surgery in which patient is unstable for transport to OR and anesthesia unavailable.
3. Additional Sedation needed in intubated patient for imaging/travel outside the picu. Examples include:
 - a. MRI
 - b. CT at the discretion of MD/APP depending on patient acuity and urgency
 - c. VIR (when anesthesia is unavailable)

*Procedures completed in PICU by PICU staff *in intubated patients* that don't require additional monitoring outside of standard ICU monitoring does NOT require an anesthesia record and medication include but are not limited to:

-chest tubes, central venous lines, arterial lines dialysis catheter placement

When an anesthesia record is utilized, the PICU fellow/attending is responsible for the following:

1. Pre/intra/post procedure evaluation/monitoring and documentation (done in the anesthesia record)
2. Documentation of vital signs and all medications and fluids given during time that anesthesia record is open
3. Direct administration of propofol. (per propofol policy – See Attachment E to sedation policy - Policy stat 13442266)*
*ICU RN can assist in administration of other medications and/or fluids as directed by the sedating physician.

**One dose of benzodiazepine for a procedure is considered anxiolysis and is not considered procedural sedation.

This is a guideline and not a policy. There may be circumstances that require deviation from this guide based on resources and patient emergency. The PICU/PCICU attending has discretion to deviate from this guide when necessary.

Process owner: J.Boyd Date: 8/2023