

PRIVILEGE TO ADMINISTER DEEP SEDATION
(Common medications include Ketamine, Propofol, Etomidate, Thiopental)

CRITERIA LOG

Provider Name: _____ **Medical Staff ID #** _____

Service: _____ **Date:** _____

The use of deep sedation is to render the patient insensible to pain and emotional distress during selected medical or surgical procedures. Deep sedation is a drug induced depression of consciousness during which patients cannot be easily aroused, but respond purposefully following repeated or painful stimulation. The patient's ability to independently maintain ventilator function may be impaired. Patients may require assistance in maintaining a patent airway and spontaneous ventilation. Cardiovascular function is usually maintained. The individual performing the procedure cannot be the individual monitoring deep sedation.

1. Providers seeking privileges for deep sedation must have current moderate/conscious sedation privileges.
2. The provider must also complete five proctored cases of deep sedation. These cases must be recorded on a criteria log and returned to the medical staff office prior to being granted privileges to perform deep sedation.
3. After a four year period of privileging the provider must continue to have current moderate/conscious sedation privileges, ACLS, ATLS or PALS certification. The provider will again need to submit five proctored cases of deep sedation. These cases must be recorded on a criteria log and returned to the medical staff office prior to being granted privileges to continue to perform deep sedation.

Note: Kaleida Health physicians with privileges in Emergency Medicine or Pediatric Emergency Medicine are exempt from the privileging process for moderate/conscious sedation or deep sedation by virtue of their specialty training in Emergency Medicine or Pediatric Emergency Medicine. The Emergency Department will maintain quality reporting responsibility to the department of anesthesiology for their sedation practices.

By virtue of their training, physicians who graduated from an ACGME accredited Anesthesia Residency program have met the requirements for Deep Sedation Privileges.

DEEP SEDATION AIRWAY ATTESTATION FORM

To: Chief of Service and Credentials Committee

From: _____

Title: _____

Date: _____

Name of Proctored Provider: _____

The above named Provider has demonstrated successful advanced airway management skills with five patients as noted below. This letter serves as attestation of meeting the standard for airway management in deep sedation procedures.

Signed,

PLUE Label or Patient Name / Med Rec #	Proctoring Provider Signature	Airway Adjuncts Utilized
		Oral Airway/Ambu LMA Intubation
		Oral Airway/Ambu LMA Intubation
		Oral Airway/Ambu LMA Intubation
		Oral Airway/Ambu LMA Intubation
		Oral Airway/Ambu LMA Intubation