

Procedural Sedation
2/19/2017

This is your super quick approach to the “procedure” that we do with most other procedures (reducing fractures, etc). Procedural sedation in 3 easy steps, with 5 easy meds.

1) The 3 steps of Procedural Sedation:

- Step 1: Risk Stratify! - Record your 2 favorite scores
 - i. Mallampati airway score: **Uvula visibility?**
 1. Level 1: can see the whole uvula
 2. Level 2: can see most of the uvula
 3. Level 3: can barely see the uvula
 4. Level 4: cannot see uvula (most difficult airway)
 - ii. ASA: **How healthy is the patient?**
 1. ASA 1: really healthy
 2. ASA 2: mild illness (Ex. HTN)
 3. ASA 3: significant illness (Ex. DM, COPD, CAD)
 4. ASA 4: sick and dying (Ex. ESRD, Advanced CA)
 5. ASA 5: basically dead
- Step 2: Obtain informed consent from the patient
- Step 3: Gather your supplies
 - i. Nurse, IV, Cardiac monitor
 - ii. Capnography (depth of breathing)
 - iii. Airway equipment (BVM, Suction, etc)

2) The 5 important medications of Procedural Sedation:

- Med #1: **Midazolam** (Versed)
 - i. *Reduce anxiety*. Benzodiazepine.
 - ii. 0.02mg/kg IV – “Relax medicine,” lasts 1 hour. No pain control effect!
- Med #2: **Fentanyl** (Actiq)
 - i. *Pain control*. Opioid.
 - ii. 1mcg/kg IV - Moderately painful procedure – abscess I&D)
- Med #3: **Propofol** (Diprivan)
 - i. *Pain control*. General anesthetic.
 - ii. 0.5-1.0 mg/kg IV. Starts in < 1 min. “Low and slow mini boluses.”
Downside: Respiratory depression and hypotension.
- Med #4: **Etomidate**:
 - i. *Pain control*. General anesthetic.
 - ii. 0.15 mg/kg. Commonly used in Intubation. Downside: Risk of Myoclonus and Respiratory depression (but less hypotension!)
- Med #5: **Ketamine**:
 - i. *Pain control and dissociation*. General anesthetic (“dissociative”)
 - ii. 1-2 mg/kg IV. No hypotension or respiratory depression. Downside: Emergence reactions (CI: psychosis) and Laryngospasm.