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)
     ii. 0.02mg/kg IV – “Relaxy 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.