

**SAN GORGONIO MEMORIAL HOSPITAL  
PRIVILEGE DELINEATION LIST  
SURGICAL SERVICES – SECTION OF ANESTHESIA**

**SEDATION FOR THE NON-ANESTHESIOLOGIST**

NAME OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

<p>All non-anesthesiologists wishing to administer moderate and/or deep sedation must apply and be granted privileges. It is the responsibility of the physician to submit evidence of competency during the reappointment period as requested.</p>						
<p><b>QUALIFICATIONS:</b></p> <ol style="list-style-type: none"> <li>1. M.D. or D.O. with current medical staff privileges at the hospital;</li> <li>2. Current certification or active participation in the examination process leading to certification by an ABMS or a recognized American Osteopathic Board;</li> </ol>						
<p><b>REQUIREMENTS:</b></p> <ol style="list-style-type: none"> <li>1. Review the moderate/deep sedation patient care policy and procedures.</li> <li>2. Completion of the sedation/analgesia competency test with satisfactory score of &gt;90%, or ED residency program, or ED board eligibility.</li> <li>3. Current ACLS certification or equivalent from specialty board.</li> </ol> <p>Note: Emergency Department physicians must also have current PALS certification or equivalent from specialty board</p>						
<b><u>ADVANCED PROCEDURAL PRIVILEGES</u></b>	<b># REQUIRED FOR INITIAL APPOINTMENT</b>	<b># TO BE PROCTORED</b>	<b># PER 2 YRS. TO MAINTAIN</b>	<b>YES</b>	<b>NO</b>	<b>GRANTED</b>
<i>Require additional documentation of specific training, experience and/or current competence.</i>						
Moderate Sedation and Analgesia	2	1	5			
Deep Sedation (may only be performed by ED physicians and intensivists)	5	1	5			

SAN GORGONIO MEMORIAL HOSPITAL  
NON-ANESTHESIOLOGIST ANESTHESIA PRIVILEGE LIST

**Acknowledgement of Practitioner**

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at San Gorgonio Memorial Hospital, and;

I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by medical staff bylaws, hospital and medical staff policies and rules.
- (b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I have reviewed the requested clinical privileges and supporting documentation for the above named applicant and recommend action on the privileges as noted above.

<input type="checkbox"/> Recommended with the following modification(s) and reason(s):          
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\_\_\_\_\_  
Director of Anesthesiology

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair Credentials Committee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair of Medical/Executive Committee

\_\_\_\_\_  
Date

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FAX (951) 769-4812**

**Name:**

Examination:

1. Which of the following is required prior to sedation?
  - a. documentation of informed consent
  - b. history and physical appropriate to the planned sedation
  - c. ASA evaluation
  - d. NPO status
  - e. All of the above
  - f. A and B
  
2. During a minor sedation procedure the patient is breathing slowly, arousable by painful stimuli only. At which level of sedation is the patient?
  - a. anxiolysis
  - b. moderate sedation
  - c. deep sedation
  - d. anesthesia
  
3. The most common adverse effect of sedation is:
  - a. Hypotension
  - b. Allergic reaction
  - c. Respiratory depression
  - d. Seizure
  
4. Minimum safe monitoring for deep sedation during the procedure includes:
  - a. BP, HR, RR, O<sub>2</sub> saturation and LOC utilizing the Ramsey scale every 5 minutes
  - b. BP, HR, RR, O<sub>2</sub> saturation and LOC utilizing the Ramsey scale every 15 minutes
  - c. BP, HR, RR, O<sub>2</sub> saturation every 5 minutes and LOC utilizing the Ramsey scale every 15 minutes
  - d. BP, HR, O<sub>2</sub> saturation and LOC utilizing the Ramsey scale every 5 minutes
  
5. Barbituates, Benzodiazepines, and opiates are known to cause the following complications:
  - a. Respiratory depression
  - b. Airway obstruction
  - c. Hypotension
  - d. All of the above
  
6. Ketamine can lead to all except:
  - a. nightmares, psychomotor changes
  - b. increased intracranial pressure
  - c. bradycardia
  - d. hypertension and ischemia in the cardiac patient
  - e. catatonic facies, but tolerant of pain

7. Before giving intravenous sedation/analgesia, the following must be documented:
  - a. past medical history, sedation history
  - b. last po intake
  - c. medication history, allergy history
  - d. ASA class
  - e. All of the above
  
8. Which agent would be used to reverse a benzodiazepine?
  - a. romazicon
  - b. narcan
  - c. benadryl
  - d. sublimaze
  
9. Which agent would be used to reverse a narcotic (antagonist) agent?
  - a. benadryl
  - b. narcan
  - c. romazicon
  - d. midazolam
  
10. T F Narcan typically reverses respiratory depression, leaving the analgesic component of the narcotic intact.
  
11. Deep sedation/analgesia is a drug induced state which is characterized by: (more than one answer)
  - a. patient is easily aroused
  - b. patient may respond following painful stimuli
  - c. ventilatory function may be impaired
  - d. cardiovascular function is usually not maintained
  - e. a patient airway and spontaneous ventilation are unimpaired
  
12. Methods to rescue a patient who has been compromised by medications leading to deep sedation/analgesia include:
  - a. jaw/thrust/chin lift
  - b. oral or nasal airway
  - c. deep stimulation
  - d. IV fluid administration
  - e. Ambu bag ventilation
  - f. All of the above
  
13. Appropriate discharge criteria from sedation include:
  - a. vital signs, mental status return to baseline
  - b. verbal report given to receiving department (if not outpatient)
  - c. written discharge instructions given to patient when discharge home
  - d. all of the above
  
14. Which of the following statements about opioids and apnea is true?
  - a. responsive patients can become apneic, especially with rapid intravenous administration of opioids
  - b. apnea is an unlikely, uncommon adverse reaction
  - c. apnea doesn't usually lead to cardiac arrest
  - d. apnea doesn't occur, since the main effect of opioids is analgesia

15. Which of the following statements about using naloxone (Narcan) to reverse opioid effects is true?
- it should be given in a continuous IV drip without boluses
  - it can induce narcotic withdrawal
  - it is absent of side effects
  - it does not antagonize the respiratory effects of opioids
16. Which of the following statements are true?
- naloxone can be used to reverse narcotic overdose
  - flumazenil can be used to reverse narcotic overdose
  - flumazenil can be used to reverse ketamine overdose
  - naloxone can be used to reverse barbiturate overdose
17. Factors associated with an increase incidence of emergence delirium in association with ketamine include:
- age greater than 16 years of age
  - female sex
  - doses of ketamine greater than 2 mg/kg IV
  - history of personality problems or frequent dreaming
  - all of the above
18. Infants and small children are particularly susceptible to complications during sedation. The unique anatomy of which body system contributes to this susceptibility:
- neurological
  - gastrointestinal
  - respiratory
  - renal
19. The Aldretes scoring system is:
- an objective measure used to determine a patient's suitability for discharge
  - the same as an ASA Physical Status Classification
  - a neurological assessment of LOC
  - a physician test of how well a patient will tolerate narcotics
20. T F During sedation the jaw may relax and the base of the tongue may fall back in contact with the posterior pharynx and result in obstruction. Often a simple realignment of the airway may correct this problem.
21. Risk factors that are most consistently associated with a difficult airway include:
- obesity
  - decreased head and neck movement
  - receding mandible
  - reduced jaw movement
  - protruding teeth
  - all of the above
22. Considerations for the administration of naloxone (Narcan) include all of the following except:
- appropriate as a reversal agent for midazolam (Versed)
  - onset of action is 1-2 minutes
  - duration of action is shorter than most opioid agonists
  - high doses may cause pulmonary edema, arrhythmias, hypertension, or tachycardia

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Name: \_\_\_\_\_

Score: \_\_\_\_\_

23. The most common serious adverse event associated with intravenous ketamine administration in an otherwise healthy child is:
- a. hypoventilation
  - b. increased salivation potentially causing laryngospasm
  - c. hypotension
  - d. bradycardia
24. Patients receiving reversal agents need to undergo longer periods of monitoring because of which of the following:
- a. due to the adverse effects associated with these drugs
  - b. the analgesic properties of the sedation agents are removed
  - c. the half-life of the sedation agents are longer than those of the reversal agents
  - d. due to the potential of respiratory depression and dysrhythmias
25. During the administration of diprivan (Propofol) all of the following are true except:
- a. patients receiving propofol should receive care consistent with that required for deep sedation
  - b. the physician may delegate the administration of propofol to the RN
  - c. Administration of propofol will be done by a physician who is not simultaneously involved in the procedure
  - d. The physician should be physically present throughout the sedation and remain immediately available until the patient is medically discharged.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Printed Name: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Director, Anesthesiology