

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

ATRIUM HEALTH  
**ADVANCED PRACTICE PROVIDER**  
PHYSICIAN ASSISTANT OR NURSE PRACTITIONER  
PROCEDURAL ADULT MODERATE SEDATION  
(DOES NOT INCLUDE DEEP SEDATION PRIVILEGES)

**SUMMARY OF OCCUPATION:**

1. The Advanced Practice Provider is a skilled member of the health care team who is qualified by academic and clinical education and experience to provide patient services as an Advanced Practice Provider under the supervision of a member(s) of the Medical Staff of Atrium Health in accordance with the Bylaws of the Medical Staff.
2. He/she shall assist in the implementation of the health care plan and the management of patients by performing diagnostic and therapeutic tasks as defined and approved by the Board and authorized under applicable law.
3. For purposes of this form, Advanced Practice Provider shall mean a "Dependent Practitioner" defined as a health care professional other than physicians or dentists, who is approved by the Board, who is licensed or certified by his/her respective licensing or certifying agencies, and who provides service under the supervision of a physician who is currently appointed to the Medical Staff of Atrium Health.

**ORGANIZATIONAL RELATIONSHIP:**

1. The Advanced Practice Provider **shall only exercise those clinical privileges maintained by the supervising physician(s) and approved by the Board.** The Advanced Practice Provider may also assist the residents assigned to their Department in performance of their duties and responsibilities as assigned by their supervising physician. The Advanced Practice Provider shall notify the supervising physician of all cases of acute and severe distress, serious nature (life- or limb-threatening), **or whenever the patient wishes to see a physician or has unanswered questions.**
2. The Advanced Practice Provider shall perform all privileges in accordance with all laws and regulations pertaining to the scope of practice for his or her health profession. The Advanced Practice Provider shall wear a nametag identifying him/herself as an Advanced Practice Provider and introduce him/herself as an Advanced Practice Provider, and shall at no time imply, state, or lead one to believe that he/she is a physician.
3. The Advanced Practice Provider must conduct all duties and responsibilities in accordance with departmental and hospital policies and procedures.
4. A nurse or secretary who receives an order from an Advanced Practice Provider for medication(s), laboratory or radiological studies, and/or treatment is authorized to perform that order as if it were received from a physician.
5. The supervising physician(s) **must** sign the Delineation of Privileges form of the Advanced Practice Provider, accepting responsibility for appropriate supervision, and shall intervene and directly assume the care of any patient when requested by the patient or the Advanced Practice Provider, required by hospital policies and procedures, or when in the interest of patient care. The supervising physician(s) shall co-sign entries on the medical records of patients seen or treated by the Advanced Practice Provider as required by hospital policies and procedures.

**QUALIFICATIONS:**

1. The Advanced Practice Provider shall maintain qualifications as specified in the POLICY ON CLINICAL PRIVILEGES FOR ADVANCED PRACTICE PROVIDERS. His/her past experience and training shall be commensurate with privileges requested.
2. The scope of duties and responsibilities of the Advanced Practice Provider shall be delineated on an approved Delineation of Privileges form and approved by the Board.

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#### QUALIFICATIONS – continued:

3. The Supervising Physician shall delegate only tasks and procedures to his or her Advanced Practice Provider which are within or contemplated by the clinical privileges granted to the Supervising Physician by the Medical Executive Committee and the Board of Commissioners and which the Advanced Practice Provider has been approved to perform. It is understood that the supervision of an Advanced Practice Provider shall never be transferred to a physician who is not currently a fully appointed member of Atrium Health Medical Staff.
4. If the Medical Staff appointment or Clinical Privileges of the Sponsoring Physician are resigned, revoked or terminated, the Advanced Practice Provider's permission to practice shall automatically terminate and his or her clinical privileges shall be automatically relinquished.

#### SUPERVISION:

Except where the Delineation of Privileges form provides for Personal Supervision or Proximate Supervision, General Supervision (as defined below) will be required for all tasks and procedures performed by the Advanced Practice Provider.

1. **“General Supervision”** shall mean the procedure is furnished under the supervising physician's overall direction and control, but the physician is not required to be present during the procedure. General Supervision requires the performance of tasks and procedures in a manner that is consistent with state law, the applicable standard of care, Medical Staff Bylaws and hospital policies and procedures, but does not require Personal Supervision or Proximate Supervision, as those terms are defined below.
2. **“Proximate Supervision”** shall mean the physical presence of a sponsoring/supervising physician in the hospital, in close proximity and immediately available to furnish assistance and direction to the Advanced Practice Provider as needed.
3. **“Personal Supervision”** shall mean the physical presence of a sponsoring/supervising physician in the room with the Advanced Practice Provider during the performance of a procedure.

This Policy is designed to facilitate the safe use of sedatives and analgesics by Advanced Practice Providers under the proximate supervision of the Physician for their patients who require Procedural (moderate/conscious) Sedation for procedures. Use of Procedural Sedation by Physicians who have been credentialed to do so must be in accordance with the Hospital Specific "Anesthesia Care and Anesthetizing Locations" and the **Atrium Health “Policy and Clinical Practice Guidelines for Procedural Sedation in Adult”** policies and procedures.

#### I. **DEFINITIONS:**

- A. **PROCEDURAL SEDATION (Moderate/Conscious Sedation):** The use of medication to depress consciousness in a manner that allows toleration of unpleasant procedures without adverse effect on cardiorespiratory function or ability to respond purposefully to verbal command and tactile stimulation. During Procedural Sedation: (1) Protective reflexes are intact; (2) Patient airway is maintained independently by the patient; (3) Patients respond appropriately to physical stimulation or verbal command, i.e., “open your eyes.”
- B. **DEEP SEDATION:** The use of medication to induce a level of depressed consciousness from which the patient is not easily aroused. Can result in a partial or complete loss of protective reflexes and need for airway support (**Deep Sedation requires additional credentials and is beyond the scope of this policy.**)

#### II. **MEDICATIONS FOR WHICH PROCEDURAL SEDATION PRIVILEGES ARE REQUESTED: GENERAL DRUG DOSEAGE GUIDELINES:**

Medications included on page 4 are used for sedative purposes at the Atrium Health Facilities. The stated, "Usual Dose Ranges" are based on national medical data and are pharmacologically accepted as general norms for the average healthy patient. Adjustments should be made for smaller size and/or diminished physical condition. These represent drugs and dose ranges not expected to result in loss of protective reflexes for clinically significant percentage of normal patients.

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☐ Initial appointment   ☐ Reappointment   ☐ Updated DOP/Sponsoring Physician Change

**NOTE 1: Privileges cannot be amended or altered in any way.**

**NOTE 2: Advanced Practice Providers must apply and maintain specialty “CORE” clinical privileges in their primary area of practice in order to be eligible for Moderate Sedation privileges at any facility within Atrium Health.**

**NOTE 3: The Advanced Practice Providers supervising physician must hold Adult Moderate Sedation Privileges**

**NOTE 4: Please note that the exercise of certain privileges numbered here is necessarily limited by the operational and resource constraints of the facility. All procedures must be performed within a clinical setting with the capabilities and organizational structure required to provide appropriate support.**

**PROXIMATE SUPERVISION:** Shall mean the physical presence of a sponsoring/supervising physician in the hospital, in close proximity and immediately available to furnish assistance and direction to the Advanced Practice Provider as needed.

CAPP ADULT MODERATE SEDATION	Minimum Number Required 10	Number Performed Within 2 Years	Location	Anson	Cabarrus	Cleveland	CR	CMC	Lincoln	Pineville	Stanly	Union	University City

**CREDENTIALS REQUIRED – ADVANCED PRACTICE PROVIDERS:** Provide documentation of training and current clinical competence to perform Moderate Sedation, including demonstration of skills and airway management and resuscitation. Documentation may be achieved as follows:

1. For Adult Moderate Sedation Credentials provide documentation of current Advanced Cardiac Life Saving (ACLS) certification; **AND**
2. The Advanced Practice Provider must successfully complete the moderate sedation educational curriculum and tutorials from the Specialty of Anesthesiology and achieve successful test scores; **AND**
3. The Advanced Practice Provider must provide documentation of ten (10) adult cases within the most recent two (2) year period to be eligible for Moderate Sedation Privileges if performed outside of Atrium Health; **OR**
3. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Adult Moderate Sedation. You must provide documentation of proctoring for ten (10) procedures under direct supervision.

**REAPPOINTMENT - CRITERIA FOR MAINTENANCE OF PRIVILEGES:**

1. The Advanced Practice Provider must provide documentation of ten (10) adult cases within the past two (2) year period. Documentation of procedures performed, and the results of Quality Assessment and Improvement Committee outcomes will be reviewed at the time of the Advanced Practice Provider's reappointment; **OR**
1. If the Advanced Practice Provider has not completed the required number of cases outlined, they must successfully complete the moderate sedation tutorials from the Specialty of Anesthesiology and achieve successful test scores.

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#### ADULT DRUGS (DOSING GUIDELINES)

- Doses are for healthy adults < 60 years of age.
- > 60 years of age, debilitated or chronically ill, the dose should be reduced by 50%.
- In morbidly obese patients, the dose should be administered slowly and titrated to the desired effect.

##### a. Intravenous Agent - Adult Drugs (Dosing Guidelines)

DRUG	DOSE	ONSET	DURATION
Ketamine (Ketalar)  <b>NOTE: Benzodiazepines may be considered to reduce the occurrence of or to treat emergence reactions.</b>  <b>Midazolam (Versed): 0.03 mg/kg IV may be considered</b>	<b>Initial dose: Titrate 0.5 – 1 mg/kg</b>  <b>Subsequent dose no sooner than 10 minutes after initial dose: Titrate - 0.25mg/kg up to a Maximum 2mg/kg</b>	<b>30 -40 seconds</b>	<b>5-10 MIN</b> <b>Recovery time 1-2 HOURS</b>
Morphine Sulfate IV  <u>Caution:</u> Histamine release, asthmatics	0.025-0.05mg/kg Maximum 0.15mg/kg	1-5 MIN	30-180 MIN
<b>Fentanyl (Sublimaze) IV</b>  (Not approved for use at Carolinas Rehabilitation)  <u>Caution:</u> Narcotic may cause profound respiratory depression and chest wall rigidity	1-2mcg/kg Maximum 3mcg/kg	1-5 MIN	30 <b>60</b> MIN
Meperidine (Demerol) IV	< 1mg/kg Maximum 50-100mg	1-5 MIN	30-180 MIN
Midazolam (Versed) IV	0.02-0.03mg/kg Maximum 0.1mg/kg	1-3 MIN	20-40 MIN
<b>Naloxone (Narcan) IV</b>	Titrate 0.1mg IV to effect		
Nalbuphine (Nubain) IV <u>Considerations:</u> Though <b>Nalbuphine</b> is a narcotic with agonist/antagonist properties, respiratory depression can occur. <b>Naloxone</b> is effective to reverse any respiratory depression caused by <b>Nalbuphine</b> . <u>Caution:</u> 1. Pure agonists (e.g., morphine, meperidine) should not be employed to improve analgesia after <b>nalbuphine</b> has been used. 2. <b>Nalbuphine</b> should not be selected for the patient who has a history of chronic narcotic use.	0.15mg/kg (not to exceed 10mg)	1-5 MIN	60-180 MIN
Diazepam (Valium) IV <u>Considerations:</u> <b>Half-life</b> increases in the elderly	0.1mg/kg (not to exceed 10mg)	15-60 MIN	240-480 MIN

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a. Nitrous Oxide - (Dosing Guidelines)

DRUG	DOSE	ONSET	DURATION
Nitrous Oxide (N2O)	Nitrous Oxide (N2O) in a concentration not to exceed 70% N2O and a concentration of O2 not less than 30% O2 **. a. Only to be used with the patient breathing the N2O/O2 mixture; b. Not to be used simultaneously with any opioid analgesic or sedative of any class.	2-5 MIN	5-10 MIN

\*\* Only approved for emergency department physicians following the approved standards for use of anesthetic gases.

Patients receiving Nitrous Oxide should be monitored in accordance with this policy

\*\*\* The Department of Dentistry may continue to use Nitrous Oxide (N2O) outside the Procedural Sedation policy.

- ☐ I have attained the level of competency required to administer the above requested drugs for moderate (conscious) sedation through training and/or experience.
- ☐ I attest that I have read the Policy and Clinical Practice Guidelines for the Use of Sedatives and Analgesics for Procedural Sedation and agree to abide by this Policy and the Clinical Practice Guidelines.
- ☐ I attest that my supervising physician currently holds Adult Moderate Sedation privileges.
- ☐ I attest that I am not currently a user of illegal drugs or do not currently abuse the use of legal drugs.
- ☐ I attest that I do not have a physical or mental condition which could affect my motor skills or ability to exercise the clinical privileges requested or that I require an accommodation in order to exercise the privileges requested safely and competently.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed or typed name of Applicant

**SUPERVISING PHYSICIAN:**

\_\_\_\_\_  
Signature of Supervising Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed or typed name of Supervising Physician

\_\_\_\_\_  
Signature of Supervising Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed or typed name of Supervising Physician