

SEDATION WITH INTUBATION PRIVILEGING

Hospitalists administering sedation with intubation must be qualified and have the appropriate credentials to manage patients.

To demonstrate competency and knowledge of this procedure, the attached education packet has been developed.

Please read the enclosed packet materials, complete the attached post-test and return it to CSM Central Credentials. The post-test will be the documentation of competency for inclusion in your request for sedation with intubation privileges.

This information can be returned with your application packet or faxed to the Central Credentials office at (414) 326-1728. If you have any questions concerning the enclosed information, please contact the Central Credentials Office at (414) 326-1895.

COLUMBIA ST. MARY'S HOSPITALS
SEDATION for Intubation by NON-Anesthesiologists POST-TEST

Physician Name: _____

1. **Which statement about Moderate Sedation is correct?**
 - a. It is limited to drugs and dosages that can be safely given in the ward environment where a patient may not be under continuous direct observation.
 - b. It is restricted to settings where a health care professional is present to monitor vital signs and protect the patient's airway if necessary.
 - c. It is a clinical state in which the patient is expected to lose protective reflexes, and external support of one or more vital functions will be required.

2. **The minimum number of personnel available during a procedure utilizing moderate sedation shall be:**
 - a. Two (the physician and an assistant, not necessarily an RN).
 - b. Two (the physician and an RN who has demonstrated specific competencies related to moderate sedation).
 - c. Two (the physician and any employed hospital RN).
 - d. Three (the physician, an RN to assist, and an RN to monitor the patient).

3. **Equipment which must be available should include:**
 - a. Oxygen delivery systems, airway management equipment, and suction equipment.
 - b. Crash cart with emergency drugs, reversal agents, and defibrillator.
 - c. Monitoring equipment: blood pressure monitoring device, pulse oximeter, EKG monitor.
 - d. All of the above.

4. **A mnemonic used to check that the equipment and process needed for a safe intubation is "Y BAG PEOPLE" which stands for:**

Y -

B -

A -

G -

P -

E -

O -

P -

L -

E -

5. **The pre-procedure evaluation of the patient is the responsibility of the RN.**
 - a. True
 - b. False

6. **The preprocedure evaluation involving the patient's history requires the following 7 elements:**
 - a.
 - b.
 - c.
 - d.
 - e.
 - f.
 - g.

- 7a. Which of the following patients may present increased difficulty with intubation in addition to mouth opening <3 cm (i.e. two fingertips), cervical range of motion of <35° of atlantooccipital extension, thyromental distance of <7 cm (i.e. three finger breadths)?**
- Patient with short bullneck.
 - Patient with over-riding upper incisors ("buck teeth").
 - Edentulous patients.
 - a. and b.
- 7b. What is the "typical" thyromental distance?**
- 6 cm
 - 3 finger breadths
 - 3 cm
 - b. & c. as 3 finger breadths is approximately 3 cm
- 7c. If you have a patient whom you suspect may have a difficult airway to manage you should:**
- Increase amount of sedation to decrease patient response to procedure.
 - Give sedation incrementally, watching patient's response and breathing carefully.
 - Use your own "usual cocktail" of medications as you have the most experience with this regimen.
 - Engage the Difficult Airway Algorithm which includes an anesthesia consult as well as requesting the Difficult Airway Kit and Bronchoscope.
- 8. Which drugs produce amnesia and reduce anxiety?**
- Opioids
 - Benzodiazepines
 - Antidepressants
 - Anesthetics
- 9. Opioid adverse effects may include:**
- respiratory depression, nausea, and vomiting.
 - euphoria and amnesia.
 - pupillary dilatation and tachycardia.
 - urinary incontinence and hypertension.
- 10. Which opioid is about 10 times more potent than meperidine?**
- Morphine
 - Naxloxone
 - Lorazepam
 - Fentanyl
- 11. Which of the following drugs would be an appropriate reversal agent for excessive sedation from a benzodiazepine?**
- Narcan 2.0 mg IV
 - Thiamine 100 mg IV
 - Glucagon 1.0 mg IV
 - Flumazenil 0.2 mg IV
 - Flumazenil 2.0 mg IV
- 12. The 5 monitoring parameters which must be evaluated regularly and frequently during the procedure are:**
- -
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