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These questions and answers refer to information presented on pages 17 and 18 of the 2021 ABR NIS study guide.

How many patient identifiers need to be confirmed during a timeout prior to a procedure?

According to the noninterpretive skills study guide at last two patient identifiers should be confirmed prior to a procedure.

What are specific patient identifiers discussed in the noninterpretive skills study guide?

Patient name, medical record number, telephone number, date of birth, government issued photo ID, last 4 digits of social security number.

True or false: a patient's current room number can be used as a patient identifier prior to a procedure.

False. This is considered a "transient factor" according to the noninterpretive skills study guide and transient factors (i.e.-factors that are not permanent but can change such as a patient's room number) cannot be used to identify that you have the correct patient for a procedure.

True or false: If you are unable to verify patient identifiers with the patient because the patient is unable to verify own identify (such as an unconscious patient) a relative, guardian, domestic partner, or healthcare provider who has previously identified the patient can be used as a source to identify the patient.

True. The noninterpretive skills study guide also states that if there is a discrepancy between patient identifiers of any variety, the procedure cannot be completed until additional information is obtained to confirm the patient identify prior to proceeding with a procedure.

For patient assessment prior to sedation, what are some key variables to assess in order to ensure that sedation is safe for a patient?

To be approved for sedation, an accredited practitioner must assess and document the patient for recent oral intake, adequate pulmonary and cardiac status, vital signs to include pulse oximetry and capnography (if available), EKG (if available), baseline level of consciousness, recent illness.

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Can you list the four levels of sedation according to the Joint Commission and the American Society of Anesthesiologists?

1. Minimal sedation or anxiolysis

2. Moderate sedation/analgesia

3. Deep sedation/analgesia

4. General anesthesia

Can you define key features of each of the four levels of sedation?

Minimal sedation or anxiolysis: Medication-induced state causing reduction in anxiety. Sedation is not too deep for a patient to respond to verbal commands. There may be impairment of cognitive function and coordination. The patient is breathing on own and has stable cardiovascular function.

Moderate sedation/analgesia: Consciousness is minimally depressed due to pharmacologic agents. The patient is able to maintain their own airway, has protective reflexes and can be aroused by physical or verbal stimulation.

Deep sedation/analgesia: Deeper sedation in which consciousness is depressed due to administered pharmacologic agents. The patient cannot be easily aroused but does respond purposely after repeated or painful stimulation. The patient may not be able to maintain their own airway or maintain adequate ventilation without intervention. Cardiovascular function is usually ok without intervention.

General anesthesia: “Controlled state of unconsciousness”. There are no protective reflexes, a patient’s airway cannot be maintained on own, and the patient is unable to respond appropriately to pain.

True or false: Minimal sedation patients do not require monitoring.

False. Regardless of the intended level of sedation, all sedated patients require appropriate monitoring. Patients may rapidly move between levels of sedation. A deeper level of sedation may be obtained than was planned or desired. Therefore, all sedated patients require monitoring, even if minimal sedation is planned.

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How many classifications are there in the American Society of Anesthesiologists (ASA) Physical Status Classification? Can you name some details about each classification?

There are 6 levels of classification within the ASA Physical Status Classification, as follows:

Class I: Normal, healthy patient.

Class II: Patient with mild systemic disease

Class III: Patient with severe systemic disease

Class IV: Patient with severe systemic disease that is a constant threat to life

Class V: Patient moribund and not expected to live without the operation/procedure at hand

Class VI: Patient with brain-death undergoing organ removal for donation

True or False: Class V ASA Physical Status Classification patients may be sedated by a non-anesthesiologist?

False. Class V patients should only be sedated by anesthesiologists.

What ASA Physical Status Classification classes require at least a consultation with an anesthesiologist or anesthetist prior to performing an operation?

Class III and Class IV patients (or with other significant risk factors) require anesthesiology consultation prior to sedation.

True or false: A separate qualified healthcare professional whose primary focus is monitoring, administering medications, and care of the patient is required when sedation is performed under the supervision of a radiologist.

True. Continuous monitoring includes things like level of consciousness, respiratory rate, pulse ox value, blood pressure, heart rate, and cardiac rhythm.

Monitoring must continue at least how many hours following administration of a reversal agent?

A patient must be monitored for at least 2 hours after administration of a reversal agent or else the patient may relapse into a deeper level of sedation**.** Remember that a reversal agent for anesthetics may have a shorter half-life than the sedating agent.

What is the Universal Protocol that must be followed prior to each procedure?

The universal protocol refers to three steps prior to a procedure: 1. Preprocedure verification. 2. Marking of the procedure site 3. Preprocedure time out.

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What are steps to perform during preprocedure verification?

This is described as an ongoing process to ensure that all information and equipment necessary for the procedure are available prior to procedure start, correctly labeled and matched to the patient and reviewed and consistent with the procedure to be performed.

What are steps to perform during the marking of a procedure site?

The procedure site should be marked when there is more than one possible location at which the procedure could be performed and performing the procedure at a different site may harm the patient. A licensed independent practitioner who will be present during the procedure must mark the site. In some cases, this task of marking the site may be delegated to residents, PAs, APRNs, etc. The mark must be visible and made in a manner that won't easily wash away when prepping the skin. Some areas are difficult to mark such as mucosal surfaces, etc. In such cases follow your organization's written alternative processes that determine how to proceed. Note also that marking on premature infants can potentially cause a permanent tattoo so in such cases alternative processes should first be established by the institution and subsequently followed.

What are steps to perform during a preprocedure timeout?

First, this should be conducted immediately prior to starting an invasive procedure, such as making an incision in the skin. The timeout should be started by a designated team member and involves all immediate team members including nurses, techs, anesthesia and so forth. During the time out, all relevant members should actively communicate and voice agreement or dissent with the following: correct patient, correct site, and correct procedure to perform. Follow your organization's policy regarding how to document the time out.