Emergency Department Checklist for Procedural Sedation and Analgesia (PSA)

**EQUIPMENT AT BEDSIDE**

- Patient pre-oxygenation (Nasal cannula at >15LPM or NRB)
- ETCO2, pulse ox with adequate wave form
- Cardiac monitor w/ BP q3-5min and PRN
- RSI equipment (laryngoscope blade, ETT, stylet, syringe, extraglottic device, lubricant)
- Ventilation rescue equipment (nasal airway, oral airway, BVM hooked to O2)
- Suction functional and hooked up
- Sedative and emergency paralytic vials
- Reversal agent vials (naloxone, flumazenil)

**PRE-SEDATION ASSESSMENT**

- Consent in chart (right pt., site, procedure)
- IV access obtained and line patent
- Pre-sedation PRN meds given (Ondansetron, Midazolam, Fentanyl PRN)
- Relevant PMHx reviewed: ASA Class _________
- Allergies ____________________
- Last Meal _____________ Weight _____________
- Difficult airway predictors assessed
- Sedative Dose ________ Paralytic Dose _______
- Sedation benefits outweigh risks

**DIFFICULT AIRWAY ASSESSMENT**

- BVM | ROMAN Radiation/Restriction; Obstruction/Obesity/OSA; Mask seal/Male/Mallampati; Aged; No teeth
- Extraglottic Device | RODS Restriction; Obstruction/Obesity; Distorted anatomy; Short thyromental distance
- Direct Laryngoscopy | LEMON Look externally; Evaluate 3-3-2; Mallampati; Obstruction/Obesity; Neck mobility
- Cricothyrotomy | SMART Surgery; Mass; Access/Anatomy; Radiation; Tumor

**TEAM**

- R.N.
- Procedure M.D.
- PSA- Sedation M.D.
- PSA- Airway M.D.

**PROCEDURAL SEDATION AGENTS**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Initial Dose</th>
<th>PRN Repeat Dose</th>
<th>Onset</th>
<th>Duration</th>
<th>Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Etomidate</td>
<td>0.15 mg/kg</td>
<td>0.05 mg/kg q2 min.</td>
<td>10-15 sec</td>
<td>4-10 min</td>
<td>Myoclonus, Adrenal suppression</td>
</tr>
<tr>
<td>Ketamine</td>
<td>0.1-0.3 mg/kg (pain)</td>
<td>0.5 mg/kg q2 min</td>
<td>30-120 sec</td>
<td>15-30 min</td>
<td>HTN, CHF, CAD, Schizophrenia, Emetis, Emergence (consider midazolam 1-2 mg PRN)</td>
</tr>
<tr>
<td>Propofol</td>
<td>0.5 mg/kg (elderly)</td>
<td>0.25 mg/kg q2 min</td>
<td>10-40 sec</td>
<td>3-10 min</td>
<td>Soy/egg allergy, Hypotension, Tachycardia, Elderly</td>
</tr>
<tr>
<td>Midazolam</td>
<td>0.01-0.03 mg/kg</td>
<td>0.01-0.03 mg/kg q3-5 min</td>
<td>3-5 min</td>
<td>120 min</td>
<td>Pregnancy, Delayed onset, Opiate co-administration</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>1 mcg/kg</td>
<td>0.5-1 mcg/kg q3-5 min</td>
<td>2-5 min</td>
<td>30-60 min</td>
<td>Resp. depression, Delayed onset</td>
</tr>
<tr>
<td>“Ketofol”</td>
<td>1 mg/kg (0.5 mg/kg propofol + 0.5 mg/kg ketamine)</td>
<td>0.5 mg/kg q2 min</td>
<td>30-120 sec</td>
<td>8-14 min</td>
<td>See above (ketamine, propofol), Do not mix in same syringe!</td>
</tr>
</tbody>
</table>

**INTERVENTIONS FOR HYPOVENTILATION**

- Positioning+ Suction PRN
- Jaw Thrust
- Nasal Trumpets
- BVM
- Oral Airway
- Consider Reversal (naloxone, flumazenil)
- RSI or EGD