

Moderate Sedation Certification - DAHS-NSCMSC

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Name:	Employee ID#:
Unit:	Title:
PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.	

Knowledge and Skill Completion Requirements			Date Completed
Sedation (Moderate) for Supervised Professionals Module - DAHS-NADSMSP			
Fundamentals of Capnography Module - DAHS-NGNFC			
Moderate Sedation Certification Skills Checklist (see pages 2 and 3)			
Adult Completion Requirements	Date Completed	Pediatric Completion Requirements	Date Completed
ACLS Provider		PALS Provider	
		NRP Provider	

Signature and Printed Name of Preceptor or other verified personnel who have initialed on this form:		
Initial:	Print Name:	Signature:

PRECEPTEE STATEMENT AND SIGNATURE:

I have read and understand the appropriate UCDCM Patient Care Standards, Policies/Procedures and/or equipment operations manual, I have demonstrated the ability to perform the verified skills as noted, and I have the knowledge of the resources available to answer questions.

Printed Name	Signature	Date
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Skillset – Adult and Pediatric Moderate Sedation	Adult		Pediatric	
	Date	Initials	Date	Initials
Comply with Universal Protocol, perform hand hygiene and PPE as appropriate				
Perform/Complete Pre-Procedural Assessment	Adult		Pediatric	
	Date	Initials	Date	Initials
Review of medical history and physical examination, with special attention to any “high risk factors”				
Obtain baseline height, weight and vital signs				
Confirm NPO status				
Verification of pregnancy test results, when applicable				
Review of allergies and sensitivities to medications, latex, chemical agents, foods, and adhesives				
Verification of consent				
Review of present medication regimen, including substance, alcohol and tobacco use				
Determine patient’s ability to tolerate and maintain the required position for the duration of the planned procedure				
Verification of a responsible adult caregiver to escort patient if discharged home				
Confirm the patient has a functioning IV or saline lock if required				
Review post-procedure instructions with the patient and/or accompanying adult prior to sedation				
Ensure required equipment for patient size is set up. All equipment must have audible alarms enabled and set appropriately	Adult		Pediatric	
	Date	Initials	Date	Initials
Oral and nasopharyngeal airways				
Supplemental oxygen source				
Self-inflating resuscitation bag and mask system				
End tidal carbon dioxide (CO2)				
An emergency cart or first response bag				
Cardiac monitor with alarm; (alarms set based on age-appropriate limits)				
Pulse Oximeter				
Pre-Procedure- Prior to the start of sedation	Adult		Pediatric	
	Date	Initials	Date	Initials
Obtain baseline Aldrete Score (adapted) within 5 minutes of the beginning of the sedation				
Perform and record immediate pre-sedation assessment				
Ensure that all equipment is in place, monitors are attached and a final set of pre-procedure vitals are recorded				
Follow Universal Protocol, per UC Davis Health Policy 4019: Universal Protocol				
Perform surgical pause with site verification if appropriate				
Identify the primary drugs or class of drugs used to achieve moderate sedation and potential side effects				
Label all medications, medication containers, and other solutions that are both on and off the sterile field				
Pediatric (or Neonatal) Emergency Drug Sheet at bedside – accurate for the patient’s current weight in kilograms	N/A			

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Intra Procedure	ADULT			Pediatric		
	Date	Initials	Method	Date	Initials	Method
Document Start Time						
Blood pressure, cardiac monitoring, heart rate, rhythm						
Monitor sedation/consciousness level (SCL) & response to physical & verbal stimulation						
Capnography						
Oximetry with an audible pulse rate and alarms; (adjusted for age-appropriate vital signs)						
Observe for verbal or nonverbal evidence of pain and offer relief						
Ventilation monitored by direct observation and/or auscultation						
Administer medication as ordered. Titrate medication doses based on patient's response						
IV access continuously maintained if required						
Vital signs recorded at least every 5 minutes						
Notify the physician of any changes in patient condition						
Identify signs & symptoms of respiratory distress or airway obstruction. Initiate bag-valve mask or the steps of basic life support if needed						
Administer antagonists if needed						
Document End Time						
Recovery and Discharge	ADULT			Pediatric		
	Date	Initials	Method	Date	Initials	Method
The patient should be monitored at least every 15 minutes x 2 then every 30 minutes until the patient has returned to pre-sedation status via a repeated Aldrete score.						
Cardiac monitoring, heart rate and rhythm, blood pressure						
Level of consciousness						
Oximetry with an audible pulse rate and alarms; and ventilation monitored by direct observation and/or auscultation						
At least 30 minutes elapsed since the last intravenous dose of a sedative, hypnotic or narcotic medication and stable vital signs over a 60-minute period (oxygen saturation (SpO2) of 92 percent or greater on room air or return to pre-sedation baseline						
Patient has an Aldrete score (adapted) of > 11, or equal to baseline						
Activity is consistent with baseline						
If patient received reversal agents, they must be observed for the appropriate time interval following administration (2 hours). Half-life of the reversal agents is shorter than the agents used.						
Patient has an Aldrete score (adapted) of > 11, or equal to baseline						
Activity is consistent with baseline						