NEW YORK STATE OF OPPORTUNITY. Office for People With Developmental Disabilities

Health and Safety Alert

Sedation and Anesthesia: Risks and Safeguards

The purpose of this Health and Safety Alert is to provide agencies with information on risks and safeguards to be aware of when providing sedating medications and/or anesthesia to individuals. Sedating medications and anesthesia are often used to ensure the safe and comfortable completion of medical and dental procedures for people with intellectual and developmental disabilities. However, each year, across the state, preventable illness and injuries occur following the use of therapeutic sedation/anesthesia. Some people are at increased risk for adverse events after sedation/anesthesia due to cognitive, behavioral, or physical characteristics.

Hospital/procedure discharge instructions from health care facilities may not provide comprehensive and individualized protections. Further, specialized needs and risks may not be fully addressed in the discharge instructions. Therefore, adverse events can occur despite Direct Support Professionals (DSPs) following the discharge instructions given by the medical facility/practitioner.

The effects of sedation can last several hours or as long as two days and can include:

- Decreased alertness, sleepiness
- Agitation, restlessness, or unpredictable behavior
- Impaired Judgement
- Reduced motor coordination
- Nausea or vomiting
- Exacerbation of gastro-esophageal reflux disease (GERD)

Role of the Planning Team

It is incumbent on the agency's planning team to develop safeguards that can mitigate the risks of anesthesia related to choking, aspiration, falls, and other injuries. Planning teams should evaluate the potential risk for adverse events during the recovery time to ensure the appropriate safeguards are put in place. The team should review established health vulnerabilities (for example: dysphagia, GERD, or unsteady gait), prior response to sedation, and the drug and dose given.

Consider the increased risk of choking and aspiration. A person may:

- Exhibit more food seeking behaviors – especially if regular meal schedule is disrupted by the appointment.
- Eat rapidly or take food, even if that is not a common prior behavior.
- Experience changes in perception, sensation, and muscle coordination leading to choking or aspiration.
- Experience vomiting or GERD without self-protective responses.

Consider the increased risk for falls, burns, drowning or household injuries. A person may:

- Have delayed reaction time; lack of coordination.
- Demonstrate impaired judgement, agitation, restlessness, or irritability.
- Lack alertness or attention; be sleepy.

An Emergency use of sedation can't be planned for but creating and implementing a post-sedation review process to ensure that the following recommendations were followed may be beneficial.

Plan appropriate safeguards for the person while sedated (as needed):

- Determine the need for additional equipment (for example, a wheelchair).
- Define the level of supervision / monitoring plan.
- Describe enhancements to oversight for activities that require an individual to be alert, such as, dining, bathing, and cooking.
- Establish clear directions for staff to support safe mobility.
- For those with dysphagia or other swallowing disorders, ensure that an individual has returned to their baseline level of functioning prior to resuming their regular diet.

*** Do not allow a sedated person to use stairs without ample assistance until fully awake***

Role of the Registered Nurse (RN)

Plan of Nursing Service (PONS)

Each individual's ability to recover is different and should be assessed prior to returning to routine activities, regardless of discharge instructions. OPWDD advises that adequate staffing be assured and that DSPs be provided with an explicit **Plan of Nursing Service (PONS)** to guide them in vigilant monitoring and enhanced support for people recovering from sedation at home until they return to baseline.

Ensure the RN provides direction to staff in a PONS for Care Following Sedation or Anesthesia. Consider including the following directions in the PONS, based on an assessment of the person's unique needs and risks:

- Describe the desired effects, likely side effects, and possible adverse reactions to the medication(s).
- Describe what symptoms warrant calling 911 and those that should be reported to the nurse.
- Provide any special instructions for support during the sedated period (e.g. positioning).
- Direct DSPs to report their observations to the RN upon arrival home and to review discharge orders and person's current condition, including reviewing vital signs, with the RN.
- Direct DSPs to ensure the person remains NPO (nothing by mouth) until the RN is called to discuss the discharge orders and current level of sedation/impairment.

For questions regarding how to create a PONS, the OPWDD Director of Nursing Services is available at Susan.B.Prendergast@opwdd.ny.gov .

RN Assessment

- Perform in person, whenever possible.

- Review discharge orders.
- Review current vital signs with staff.
- Probe staff to assess the individual's level of alertness, coordination, and behavior and compare with baseline.
- Provide additional directions to staff for monitoring and care based on assessment.
- Provide approval for resuming diet orders; consider delaying diet advancement or additional supervision based on assessment.
- Resolve concerns with the prescriber regarding resuming regular medications, starting pain medications, or giving PRN medications with sedating side-effects during this period.
- Ensure the team reports back to the prescriber the person's response to the Medical Immobilization/Protective Stabilization/Sedation Plan (MIPS Plan), including the effectiveness of sedation, signs of over sedation, and any other adverse events.