

Managing Clients During & After a Procedure with Moderate Sedation

Moderate sedation (conscious sedation) is used for **minor procedures** where the patient needs **pain control and anxiety relief** but does not require full anesthesia. The **NCLEX tests how to monitor the patient's airway, vital signs, and response to sedation.**

1 Managing the Client DURING a Procedure with Moderate Sedation

What is Moderate Sedation?

- Patient remains awake but relaxed (can follow commands).
- Airway remains patent (no need for intubation).
- Used for colonoscopy, bronchoscopy, cardioversion, minor surgeries, etc.

✓ Common Medications Used:

- Benzodiazepines (Midazolam, Lorazepam, Diazepam) → Reduce anxiety.
 - Opioids (Fentanyl, Morphine) → Control pain.
 - Propofol → Fast-acting sedation (used by trained providers).
 - Reversal Agents:
 - Flumazenil (for Benzodiazepines).
 - Naloxone (for Opioids).
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Nursing Responsibilities During Moderate Sedation

✓ Monitor Airway & Breathing (Most Important!):

- Check SpO₂ continuously (Keep ≥ 94%).
- Monitor respiratory rate (If <10 breaths/min, prepare to intervene!).
- Have oxygen, bag-valve mask (Ambu bag), and suction available!

✓ **Monitor Vital Signs Every 5 Minutes:**

- **Hypotension & Bradycardia** can occur—have IV fluids & emergency drugs ready.
- **Watch for signs of oversedation** (snoring, difficulty arousing, low RR).

✓ **Ensure IV Access is Patent:**

- Rapid reversal drugs may be needed if complications occur.

✓ **Patient Must Be Responsive to Verbal Stimuli:**

- If the patient becomes unresponsive → Stop sedation, give reversal agents, apply oxygen.

⚠ **NCLEX KEY POINT:** The nurse **MUST** have emergency equipment ready (oxygen, suction, reversal agents, crash cart) before administering moderate sedation! 🚑

2 Managing the Client **AFTER** a Procedure with Moderate Sedation

Immediate Post-Procedure Monitoring

✓ **Monitor Airway & Breathing FIRST!**

- Ensure RR >12 breaths/min & SpO₂ > 94%.
- Keep patient in lateral recovery position if drowsy (prevents aspiration).

✓ **Monitor for Oversedation & Reversal Needs:**

- If difficult to arouse → **Give reversal agents** (Flumazenil for benzodiazepines, Naloxone for opioids).
- If RR <10 or O₂ Sat drops → **Apply oxygen, stimulate patient, call for help.**

✓ **Check Vital Signs Every 15 Minutes Until Stable:**

- Hypotension → **Give IV fluids.**
- Bradycardia → **Monitor for signs of vagal response.**

✓ Assess for Complications:

- **Respiratory depression** (Snoring, shallow breathing = early warning).
- **Hypotension** (Dizziness, weakness = fluid support needed).
- **Nausea/vomiting** (Give antiemetics as ordered).

✓ Ensure Safe Discharge Criteria is Met:

- Fully awake & oriented.
- Vital signs stable for at least 30 minutes.
- Able to swallow & maintain airway.
- No significant pain or nausea.
- Must have a responsible adult to drive them home.

⚠ **NCLEX KEY POINT:** After moderate sedation, a patient **CANNOT** drive, operate machinery, or make legal decisions for at least 24 hours! 🚨

3 Patient Education Post-Moderate Sedation

- ✓ Avoid Alcohol & Sedating Medications for 24 Hours.
- ✓ No Driving, Operating Machinery, or Signing Legal Documents.
- ✓ Monitor for Delayed Reactions (Dizziness, Nausea, Confusion).
- ✓ Report Any Breathing Difficulty or Chest Pain Immediately.
- ✓ Hydrate & Eat Light Foods to Reduce Nausea.

⚠ **NCLEX KEY POINT:** Patients must have a responsible adult to take them home and monitor them for complications! 🚨

NCLEX Quick Review:

- Monitor airway & breathing first— $\text{SpO}_2 \geq 94\%$, $\text{RR} > 12$.
- Have emergency equipment & reversal agents ready (Flumazenil, Naloxone).
- Watch for hypotension & bradycardia—give IV fluids if needed.
- Ensure full recovery before discharge (awake, stable VS, no nausea).
- No driving, alcohol, or important decisions for 24 hours post-sedation.