**Endoscopy RN Sedation**

Endoscopy RN’s will no longer be providing conscious sedation for GI cases in 3D.  The RN’s decided as a group that this was the best plan since they were no longer getting routine sedation experience and because the newer RN’s had never provided sedation in the past.

The potential impact of this decision on the Department of Anesthesia is:

1. **Add-on cases on weekdays and weekends in endoscopy will require anesthesia services**
   1. Requests for additional room on weekdays (i.e. 5th room) that we can’t accommodate will require those cases to be absorbed into the schedule of the other available rooms
   2. Weekend cases in endoscopy when anesthesia is not available (due to emergencies, etc.) the GI team will not be able to proceed with cases.  Keep this in mind when deciding how to manage weekend schedule (i.e. giving same surgeon in OR a second room vs being able to do endoscopy cases).  With that said, the GI physicians are aware that emergencies often happen on weekends dictating we step away from scheduled endoscopy cases until resolved.
2. **Management of patients who are having flex sigmoidoscopy procedures**
   1. Usually done without sedation, but sometimes IV’s are placed for those patients (who are NPO and with drivers) that may need a short period of “sedation”.
      1. These cases used to be done with conscious sedation when sedation needed in the middle of case, now this will require anesthesia
      2. Suggest that any person who potentially needs sedation--has IV, been NPO, and with a driver-- should be consented/pre-op for MAC and have anesthesia present for case and keep anesthesia record just as normal.  (open to suggestions on this one since there may be times we don’t give any meds but do spend time monitoring)

Thanks as always.

Navin Lavu, D.O.

Director of Endoscopic Anesthesia Services

Baylor Scott & White Healthcare

Assistant Professor of Anesthesiology

Texas A&M Health Science Center College of Medicine

Temple Main Campus

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