

Identify and Implement a Best Practice for Preparation of a Sedated Procedure

Katelyn Vogel, BSN, RN, CPN, CPHQ & Janessa Shainline, MSN, RN, ACCNS-N, RNC-NIC
Children's Hospital of Philadelphia, Philadelphia, PA

BACKGROUND & SCOPE

- In a pediatric Progressive Care Unit (PCU), a medication safety event occurred during a sedated bedside procedure in which a patient received a larger than intended dose of Propofol.
- The review of this event highlighted a gap in clinical practice related to preparing for a sedated procedure.
- The aim was to review the current literature to establish an optimal practice for preparation, implement the practice change, and ensure its sustainability.

QUESTION

- In patients requiring sedated procedures, how does the use of a sedated procedure checklist compare to current practice affect patient safety outcomes?

METHODS

Literature Review	Identified WHO Surgical Safety Checklist as a best practice
Checklist Design	Pre-procedure, procedure day, time out, and post procedure sections
Education	Nursing, Respiratory Therapy, Hospital Providers, Medical Director, and leadership team members
Implementation	Go-live date January 2023
Sustainability	Continued education

RESULTS

- Outcome metrics, tracked via a safety reporting system, indicated a decrease in adverse safety events related to sedated procedures regardless of patient age or type of sedated procedure.
- Staff members of the PCU adopted the sedated procedure checklist as a best practice when preparing for a sedated procedure.
- As of March of 2025, zero safety events were reported.

DISCUSSION

- Quality improvement methodologies were utilized to support practice change by following a systematic approach, in combination with leveraging evidence based practice, to improve patient outcomes.
- By implementing a comprehensive sedated procedure checklist in pediatric nursing practice, it can ensure that all required steps are followed, foster closed-loop communication, and enhance patient safety.

CONCLUSION & IMPLICATIONS FOR PRACTICE

- The sedated procedure checklist addressed gaps in practice by providing a structured framework for managing sedated procedures effectively.
- The checklist enhances patient safety by incorporating a time-out process.
- The largest barrier identified is the use of a paper checklist versus leveraging technology, such as the electronic health record (EHR). A future continuous improvement cycle (PDSA) will include the migration to an electronic platform.

REFERENCES



PCU Sedated Procedure Checklist		
Date: _____ Time: _____		
PLACE PATIENT LABEL HERE		
Pre-Procedure Procedure: <input type="checkbox"/> Type of Procedure: _____ <input type="checkbox"/> Date of Procedure: _____ <input type="checkbox"/> Time of Procedure: _____ <input type="checkbox"/> Caregivers Notified of Procedure: (Y) (N) <input type="checkbox"/> Consent Necessary: (Y) (N) <input type="checkbox"/> Consent Obtained: (Y) (N) Sedation: <input type="checkbox"/> PCU Sedate OR Anesthesia <input type="checkbox"/> Discuss Sedation Plan Patient Safety Considerations: <input type="checkbox"/> Patient Identification: <input type="checkbox"/> Patient Chart <input type="checkbox"/> Patient Labels (4 Sheets) <input type="checkbox"/> ID Band (placed on the patient) <input type="checkbox"/> Falls Risk/Allergy Band (placed on the patient if applicable) <input type="checkbox"/> Difficult/Critical Airway: (if applicable) <input type="checkbox"/> Difficult OR Critical <input type="checkbox"/> Plan Established: (Y) (N) <input type="checkbox"/> (If no, create a plan) <input type="checkbox"/> Signage Present: (Y) (N) <input type="checkbox"/> Verify Weight: <input type="checkbox"/> Actual Weight <input type="checkbox"/> Dosing Weight <input type="checkbox"/> Sleep Surface: <input type="checkbox"/> ICU Crib OR ICU Bed (recommended)	Procedure Day Staff Supporting Procedure: <input type="checkbox"/> Attending: _____ <input type="checkbox"/> NP/Hospitalist/Fellow: _____ <input type="checkbox"/> Lead RN: _____ (identified RN to assist in the facilitation of procedure & maintain a focused environment) <input type="checkbox"/> Bedside RN: _____ <input type="checkbox"/> RT: _____ (consider consulting service(s) performing procedure) Patient Safety Considerations: <input type="checkbox"/> Safety Equipment: <input type="checkbox"/> Monitor (initiate pulse oximeter volume) <input type="checkbox"/> Tracheostomy Go-Bag <input type="checkbox"/> Magleson Bag/Mask (w/ FIO2 source) <input type="checkbox"/> Self-inflating Bag <input type="checkbox"/> Ventilator & Settings (connected to FIO2 source) <input type="checkbox"/> Suction Canisters <input type="checkbox"/> Straight Suction Catheters Vascular Considerations: <input type="checkbox"/> Access: _____ <input type="checkbox"/> IV Fluids: _____ <input type="checkbox"/> CMI: _____ <input type="checkbox"/> Push/Pull <input type="checkbox"/> Syringes <input type="checkbox"/> Microclaves <input type="checkbox"/> Dual Caps <input type="checkbox"/> Medication Tubing Labels Medication Considerations: <input type="checkbox"/> Who is administering the medications? _____ <input type="checkbox"/> What medications are ordered? _____ <input type="checkbox"/> When will the medications be administered? _____ (pre-procedure, during procedure) <input type="checkbox"/> Where will the medications be obtained from? _____ (Pharmacy) <input type="checkbox"/> Why, indication for administering each medication? _____ <input type="checkbox"/> How will the medication be administered? _____ (intermittent PRN doses must be drawn up in singular labeled doses – PCU safety standard)	Time Out To be completed immediately prior to beginning the procedure Must be verbalized out loud for all team members to hear <input type="checkbox"/> Right Patient: Confirm (2) patient identifiers and allergy status <input type="checkbox"/> Right Personnel: Confirm right staff members are present for the procedure and identify roles <input type="checkbox"/> Right Plan: Review and revise plan. Resuscitation Plan? DNR? <input type="checkbox"/> Right Prep: Consent obtained? Patient NPO? (if applicable) Patient with functioning IV access? Medications labeled at bedside? <input type="checkbox"/> Right Equipment: SOAP (Suction, Oxygen, Airway, Pulse Ox), push/pull (ready for patient use), patient chart, patient labels, recommended sleep surface <input type="checkbox"/> Right Monitoring: BP cycling? Pulse ox volume on? ET02 monitor w/ apnea alarm on? <input type="checkbox"/> Right Attitude: At this point, does anyone have any concerns prior to beginning the procedure? Post Procedure <input type="checkbox"/> What are they key concerns for recovery and management of this patient? <input type="checkbox"/> Complete necessary documentation in Epic <input type="checkbox"/> Waste unused medications <input type="checkbox"/> Update family
Related Policies: <input type="checkbox"/> CHOP Bedside Procedure Safety Checklist <input type="checkbox"/> Surgical/Procedural Safety Checklist Policy (Pennsylvania) I Patient Care Manual		
Related Policies: <input type="checkbox"/> Post-Sedation and Post-Anesthesia Care		