The travelling sedationist

Introduction

The travelling sedationist may provide a sedation service in the following settings:

- Outside the operating room, in a hospital, where all infrastructure, drugs and equipment are usually available;
- Outside the operating room, outside of a hospital, where provision must be made for infrastructure, drugs and equipment for safe sedation practice.

The travelling sedationist must answer the following relevant questions:

- Is there a need for this service?
- Is there a market for this service?
- Is it safe to administer sedation outside the operating room and, if not, how can I make it safe?
- What do I do when disaster strikes?

Currently, there is an increased demand for travelling sedationists working outside the operating room, for various reasons. One of these is that more procedures are being performed outside the operating room. In the United Kingdom, general anaesthesia for dental procedures outside the operating room has been prohibited, leading to an increased demand for sedation. It is also clear from evidence based studies that there is a low incidence of adverse events, not only during the sedation, but also in the postoperative period. The ultimate question still is, what does the travelling sedationist require in order to be a safe and effective sedationist? Obviously, the safety of the patient can never be compromised.

Sedation plan

Every travelling sedationist must have a sedation plan. This is the basis of safe sedation practice, and is aimed at safeguarding the patient and him- or herself. The sedation plan has very important medico legal implications. For safe sedation practice to take place, the travelling sedationist must be familiar with and follow the guidelines on sedation. Training in specific sedation techniques, and updating knowledge and skills on a yearly basis, are highly advisable. So what would constitute a sedation plan? There are four components:

- A focused presedation assessment, with specific attention to the airway, which is crucial. It must be remembered that only ASA I and II patients qualify for sedation outside the operating room.
- The sedation process: Administration of drugs, monitoring, and documentation.
- Recovery and discharge criteria.
- Ability to rescue: knowing the airway.

Software and hardware of sedation

The travelling sedationist must have the appropriate software and hardware to make sedation practice safe.

The software includes training, skills, experience and an office infrastructure. Currently, not many structured sedation training programmess exist, although all international guidelines support the principles of training.

The office infrastructure should include an appointment diary, secretary, and the necessary paperwork. The “paperwork” referred to here must include an informed consent form, medical history questionnaire and pre- and postoperative instructions to the patient. These documents are crucial for safe sedation practice, and must be available to the patient to read and understand before sedation. The paperwork is a valuable way to give information to the patient regarding the sedation process, and give information regarding the health of the patient to the sedationist. It is also a good idea to give all patients a postoperative questionnaire to fill in. This will provide the sedationist with information regarding patient satisfaction and side effects after sedation. In this way, it is possible to audit one’s sedation own practice.

What, then, about the hardware? Drugs, disposables and other equipment form a fundamental and essential part of the kit of the travelling sedationist.
The mobile kit must include contents that:

- Will be used every day, and for every case;
- Are used for some cases only;
- Are hardly ever used;
- Are hopefully never used.

So what are the guiding principles on what to carry, as far as disposables, drugs and equipment are concerned, for the travelling sedationist?

- Assume the surgery/office contains nothing but suction and a light source if you do not know the premises where you are going to work;
- Pack everything you may need yourself, and check it regularly;
- Even if there is only a small chance that you may need it, pack it;
- Never run out of anything, rather have more than you think you might need.

What does the travelling sedationist need as far as diagnostic and monitoring equipment are concerned? The following is essential:

- A stethoscope: a good choice is either a precordial or pretracheal stethoscope;
- A blood pressure monitor, and do not forget a spare one also;
- A pulse oximeter and, once again, do not forget a spare one; and
- A glucometer.

Make certain that all your equipment is in working order before you go to the premises.

Do we need an ECG monitor? The guidelines say it is not necessary for ASA I and II patients. However, with the use of combination drug techniques, an ECG monitor is advisable. Automated monitors have become very popular and present an easy and safe way of monitoring. With the automated monitors currently available, one can monitor blood pressure, ECG, oxygen saturation, heart and respiratory rate. Even capnography is available, if needed, with some monitors.

What about a defibrillator? There are differences of opinion as to the necessity for adult ASA I and II patients. When multidrug paediatric sedation techniques are performed, the availability of a defibrillator is mandatory.

With the increasing use of target controlled infusions, infusion pumps have become very popular. A variety is available; the sedationist must ensure that he or she knows how to use these infusion pumps. Software is available for both children and adults.

The following items, which improve patient safety and comfort, should be considered: a head rest, a cushion for under the shoulders, nail polish remover pads, a radio and earphones.

Emergency equipment and drugs must be available, in case complications are encountered. This includes oxygen and emergency airway equipment. It is advisable to perform sedation outside the operating room within easy reach of a hospital that can handle any necessary escalation in care. Unfortunately, this is not always practical, particularly in rural areas.

The premises where surgery is to take place must comply with all standards recommended for the safe practice of medicine or surgery. The availability of trained personnel that can help to monitor and rescue, if needed, remains crucial for safe sedation practice outside the operating room.