

Procedural Sedation Intravenous Midazolam competency – theory

ALERT: This competency should precede the procedural sedation Intravenous Midazolam competency – skill. Completion of this competency in isolation does not indicate the nurse’s competency to administer Intravenous Midazolam

Competency statement

The nurse has the requisite knowledge to assess and prepare a child and family for an Intravenous Midazolam sedation event and to safely and effectively administer Intravenous Midazolam throughout the sedation period

RCH references related to this competency: RCH Website - Comfort Kids – For Health Professionals – Intravenous Midazolam Accreditation Process. RCH CPG Sedation-Procedural Sedation-Ward & Ambulatory areas and RCH CPG Procedural Pain Management. RCH Record of Sedation for procedure MR755/A

COMPETENCY ELEMENTS

K

1. Locate and read
 - a. CPG Sedation-Procedural Sedation-Ward & Ambulatory areas
 - b. CPG Procedural Pain Management
 - c. Procedural sedation learning guide for healthcare professionals
 - d. Comfort Kids Intravenous (IV) Midazolam for procedures poster
 - e. Record of sedation for procedure MR755/A
2. Discuss the role and responsibility of the “Sedationist” for an IV Midazolam procedural sedation event
3. State when it would be appropriate to use IV Midazolam in your area and for which patient groups IV Midazolam is used
4. Identify the reversal agent for IV Midazolam, include the location and how to administer this agent
5. List the 3 effects (pharmacodynamics) of IV Midazolam and the expected patient response
6. State the onset of action and duration of effect for IV Midazolam
7. State the dose of IV Midazolam in 10mls of 0.9% normal saline for:
 - a. Children >6 months and <12 months
 - b. Children >12months <50kg
 - c. Children weighing >50kg
8. State the bolus regime and maximum total dose of IV Midazolam for:
 - a. Children >6 months and <12 months
 - b. Children >12months <50kg
 - c. Children weighing >50kg
9. Outline the fasting guidelines for IV Midazolam and the consent process
10. State the three RCH services available to provide procedural sedation advice/consultation and when this is required
11. Describe how to prepare a child & family for a IV Midazolam sedation event
12. Describe what considerations should be taken when administering IV Midazolam with an opioid medication
13. Identify the interaction and risks associated with IV Midazolam and the following; antihistamine, benzodiazepine or antihypertensive medication
14. State what is required and the rationale for:
 - a. Risk assessment
 - b. Exclusion criteria
 - c. Monitoring - Baseline and ongoing observation of vital signs
 - d. Continual assessment of UMSS and maintaining verbal contact
 - e. Line of sight clinical observation and appropriate staffing
 - f. Maintaining a quiet environment
 - g. Falls prevention
 - h. Time out and positive identification
 - i. Emergency equipment
 - j. End of sedation and discharge criteria
 - k. Documentation and reporting of adverse events

	<p>15. Describe the management and possible prevention for:</p> <ol style="list-style-type: none"> a. Patient who develops hiccups b. Patient who becomes hypotensive c. Patient who complains of nausea or vomits d. Patient who desaturates, is apnoeic or respiratory depressed e. Patient who experiences delirium or paradoxical agitation f. Patient who progresses to an unintended deeper level of sedation g. Patient who develops respiratory distress - include airway obstruction and laryngospasm h. Patient who has impaired coordination / balance <p>16. State the location of the emergency equipment in your area</p>
S	Not Applicable

I have demonstrated the necessary knowledge, skills, abilities and attributes to be deemed competent in this competency. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio.

Please indicate if there is written feedback or reflections related to this competency in the designated section of the workbook

Nurse Name:
Date:

Signature:

Assessor Name:
Date:

Signature: