

## Minutes

The Physician Assistant Advisory Committee of the Board of Medical Licensure and Supervision met on January 10, 2008, in accordance with the Open Meeting Act. The meeting was held at the office of the Board, 5104 N. Francis, Suite C, Oklahoma City, Oklahoma. Members present were:

Charles Womack, MD, Chairman  
Donald Flinn, PA  
Don Coody, RPh  
Gerald Wootan, DO  
Daniel L. McNeill, Ph.D., PA

Members absent were:

Lindsey Gillispie, PA  
Curtis Harris MD  
David Simpson, DO

Others present included:

Patricia Podolec, Assistant Attorney General  
Robyn Hall, Director of Licensing  
Kathy Plant, Executive Secretary.

The meeting was called to order at 3:03 p.m. The first item of business was approval of the minutes from the October 4, 2007 Committee meeting. Dr. Wootan moved to approve the minutes. Mr. Flinn seconded the motion and the vote was unanimous in the affirmative.

**TODD ALAN CASKEY** appeared in support of his application for Physician Assistant licensure. Mr. Caskey testified regarding an alcohol related incident in 1994. Dr. McNeill moved to recommend approval of the application. Dr. Wootan seconded the motion and the vote was unanimous in the affirmative.

**JULIE UTLEY** appeared in support of her application for Physician Assistant licensure. Ms. Utley had not practiced as a PA since 2003. Ms. Utley testified that she had been stay-at-home mom during that time. She testified regarding her practice plans and her CME. Dr. Wootan moved to recommend approval of the application. Mr. Flinn seconded the motion and the vote was unanimous in the affirmative.

**CATHLEEN ELIZABETH LEBEAU** appeared in support of her application for Physician Assistant licensure. Ms. LeBeau testified regarding an alcohol related incident in 2003. Mr. Coody moved to recommend approval of the application. Mr. Flinn seconded the motion. Dr. McNeill advised Ms. LeBeau that she did not want to have to appear before the Committee again. The vote was called and was unanimous in the affirmative.

**KIRK FIPPS** and **CHARLES WALL** appeared to discuss the impact of OAC 435:15-3-1(b)(1) on graduates of the North Dakota P.A. Program. The rule requires applicants to have graduated from a program that has at least one year of classroom instruction and one year of clinical experience with at least one month each in family medicine, emergency medicine and surgery. Mr. Fipps testified regarding his background, his training at North Dakota and his reasons for selecting that program. Dr. McNeill explained the reasons the Board changed the rule. The Committee suggested that Mr. Fipps and Mr. Wall work with the North Dakota program to obtain the additional month of didactic instruction that was needed to meet Oklahoma requirements.

A public hearing on proposed changes to the Oklahoma Administrative Code, **OAC 435:15-11-1. Prescriptive and dispensing authority [AMENDED]** was held. No one from the public appeared to make comments regarding adoption of the rule. Mr. Coody moved to recommend that the Board adopt the proposed changes. Mr. Flinn seconded the motion and the vote was unanimous in the affirmative. (See attachment #1)

Brian Meek, MD, Area Medical Director for Concentra Health Services in Oklahoma, appeared to discuss with the Committee PA dispensing medications as outlined in OAC 435:15-11-1 (i). The matter had been tabled at the October 2007 meeting for clarification from Dr. Meek regarding his request. Dr. Meek testified regarding Concentra's methods of delivering care. He asked what it would take to allow PAs to dispense medications. The Committee advised that it would require a law change.

Applications for licensure, reinstatement of licensure, transfer applications, applications for additional positions and additional alternate supervisors were considered. Dr. McNeill moved to recommend approval of the following applications for licensure as Physician Assistants. Mr. Flinn seconded the motion and the vote was unanimous in the affirmative.

**WADE MICHAEL BITTLE  
KERI ANN BORROR  
LEE ALLEN BOXBERGER  
CARRIE ELIZABETH CHANDLER  
DAVID EUGENE FELLOWS  
ELIZABETH KEMP GARONE  
KAYLA DIANE HARDESTY  
VICKI ELIZABETH JARRELL  
ANNA MAE MARIE KAY  
AMBER MARIE MARTIN  
STEPHANIE NOEL  
KEVIN HUGH PLATT  
LYUBOR LYN SPEEGLE  
MARY ANN WARD  
TODD DAVID ARMS**

**KIMBERLY ANNE BOLING  
JULIE LYNN BOWRING  
NGAN NGUYEN BROOKS  
ERICA JANOVEC ESTEP  
DENA MARIE FISHER  
LUKE DANIEL HANEY  
ADAM DUANE HOGUE  
MARCUS ANTHONY JONES  
ROBYN DAWN MANGUM  
DENNIS EDWARD MCKEE  
RONALD EUGENE PAULS  
REBACCA GRACE PRIM  
EMILY ANNE STEWART  
JACEY RACHELE WRIGHT**

Mr. Coody moved to recommend approval of the following applications for Physician Assistant licensure pending satisfactory completion of the files. Mr. Flinn seconded the motion and the vote was unanimous in the affirmative.

**RACHEL ANN BASKIN  
MARY CARA HAGEMANN  
THUY-TIEN THI HO  
SUSAN MCCAMBLY JOHNSON  
LINDSAY BETH PAYTON  
BRADLEY DALE PITTMAN  
KELLY GRACE POUND  
KRISTEN GAIL WALTERS  
KATRINA MARIE SIMS  
STACY LUANN TAGGART**

**LEE MAC GERMANY  
JENNIFER JOY HARMON  
ASHLEE LYNN HOWERTON  
TERESA BETH MILLER  
CYNTHIA JANE PENTZ  
SHANNON ALIN PLUMB  
RACHEL EDEN SCHWEGAL  
CATHERINE RENEE PAZOURECK  
JOAN MARIE SULLIVAN**

Dr. Wootan moved to recommend approval of the following applications for reinstatement of Physician Assistant licensure. Mr. Coody seconded the motion and the vote was unanimous in the affirmative.

**DOUGLAS G. DUFFY**

**KIMBERLY ANNETTE GILLETTE**

Mr. Flinn moved to recommend approval of the following applications for transfer of supervision. Mr. Coody seconded the motion and the vote was unanimous

in the affirmative.

**DONALD GENE BEVERS** transfer to Richard Morgan, MD  
**DAVID TERRANCE ABBOTT** transfer to Gary Lawrence, MD  
**LANA KAY GOURLEY** transfer to Stephen Huang, MD  
**ROBERT LEE BERNARD** transfer to Moheb Hallaba, MD  
**MARY ANN BOERNER** transfer to Floyd Goodman, MD  
**STACEY LYNN MORRISON** transfer to Stephen Kovacs, DO  
**ROBBIE ROBISON MCCLATCHEY** transfer to Jeri Ellis, MD  
**KENNETH DON WASHINGTON** transfer to Marty Lofgren, MD  
**BOB GENE BURLISON** transfer to Jeffrey Gastorf, DO  
**GERALD ON WARD** transfer to Rod Linzman, DO  
**JAMES HALE** transfer to Duncan McRae, MD  
**JOHN KENNETH PARMELEE, JR** transfer to Charles Womack, MD  
**THOMAS JOSEPH BOXBERGER** transfer to William Gray, MD  
**JOSEPH SINCLAIR BENNETT** transfer to Linda Rodriguez, DO  
**VICKI C. LATHAM** transfer to Kenneth Smith, DO  
**ROBERT DUNNE** transfer to Gerald Wootan, DO  
**SHANNON MICHELLE BROXTERMAN** transfer to Dathan Jay, MD  
**LEE ANN HABBEN** transfer to Linda Rodriguez, DO  
**PARNELL RAY ADAMS** transfer to Samuel Hague, MD  
**JEFFREY DON BIVENS** transfer to Gregory Salomon, MD  
**ALIA MELISSA WALKER** transfer to Lisa Ortiz, MD  
**ALETA JEAN FOX** transfer to Martin Grotheer, MD  
**BARBARA VIBRANS LANGTHORN** transfer to F.C. Eaton, DO  
**CATHY JUDEAN LEWIS** transfer to Tracy Thompson, DO  
**DEBORAH DENICE LABRIE** transfer to Marty Lofgren, MD  
**KENNETH DALE DE MASTERS** transfer to Stephen Wolf, MD  
**JOSEPH JOHN PICCIONE** transfer to John White, MD  
**KRISTA BAINE BRAUD** transfer to Margo Short, MD  
**CANDACE LEE STURLIN** transfer to Joseph Parkhurst, MD  
**JOSEPH EDWARD PRUITT** transfer to David Miller, DO  
**RONDA LYNN VANCE** transfer to F. Steven Sanders, DO  
**REBECCA C. SHEPARD** transfer to Diana Defelice, DO  
**SANDRA LYNN JOHNSON** transfer to Mark McCurry, MD  
**CHERYL RAE GREEN** transfer to Ronald Woodson, MD  
**JOY MARIE VALERIANO** transfer to Daniel Hill, MD  
**JULIE DIANNE FINNEY** transfer to Donn Turner, DO  
**ROGER LYNN MOORE, JR** transfer to Arthur Wallace, DO  
**KAM SUZANNE BROWN** transfer to Maurice Corman, MD

**TERA LYNN BEAIRD** transfer to Frank Gaffney, MD  
**STEPHANIE NICHOLE AUSTIN** transfer to William Smith, MD  
**LAURA BETH HORSTKOETTER** transfer to Lenard Phillips, DO  
**CORI ELENA WADLEY** transfer to Brent Chandler, DO  
**MEGAN CATHERINE MCCAULEY** transfer to Daniel Harris, MD  
**ISAAC WESLEY COOTS** transfer to Timothy Grode, MD  
**KARI LYNN COCHRAN** transfer to Larry Powell, MD  
**ROSE MARIE TRIGG** transfer to Indira Singh, MD  
**CHARLES RAYMOND VALGORA** transfer to Paul Briggs, MD  
**NICOLE JEAN SHEPHARD** transfer to Rickie Conrady, MD  
**AMANDA KAY OXFORD** transfer to Annalee Miller, MD

Mr. Coody moved to recommend approval of the following applications for additional positions. Mr. Flinn seconded the motion and the vote was unanimous in the affirmative.

**KIM KEITH WIESE** adding position with Lance Williams, MD  
**JOHN EDWARD COINTEPAS** adding position with David Hadley, MD  
**JERI CLARK GOEN** adding position with Gary Goforth, DO  
**MARILYN SUE TAYLOR** adding position with Jenniferr Mathis, MD  
**SUZZIE J. WALDENVILLE** adding position with Terry Wagner, MD  
**CAROL HEFLER GAY** adding position with Jay Gregston, MD  
**PAMELA JANE CHADWELL** adding position with Mark Miles, MD  
**CURTIS LEE MATZKVECH** adding position with Wayne Flatt, DO  
**TOMMY DEAN CAMP** adding position with Clinton Strong, MD and Chayne Fisher, DO  
**SHEILA RAE GOFORTH** adding position with Kamil Nemri, MD  
**KELLY JAMES ELERICK** adding position with Clarence Robison, JR  
**ALETA JEAN FOX** adding position with Jack Doney, MD  
**BRUNA MAE VARALLI-CLAYPOOL** adding position with Darice Wiegel, DO  
**DEBORAH SUSANN LEBLANC** adding position with Barbara Rygiel, DO  
**BRIAN PAUL FREELAND** adding position with Craig Mitchell, MD  
**NIKKI SUE ZYBACH** adding position with Marty Lofgren, MD  
**ANGELA KAY SMITH** adding position with Della Dillard, MD  
**PRINCE WILLIAM TAYLOR** adding position with Gaynell Anderson, MD  
**ROBERT EARL PEEVY** adding position with Greg Fairlie, DO  
**ROBYN DAWN FREELAND** adding position with Connie Wilson, DO  
**AMBER LYNN DAVIS** adding position with Buddy Lecrone, MD  
**JASON ROBERT MCHENRY** adding position with L. Dwight Holden, MD  
**DARLLA DENISE DUNIPHIN** adding position with Gaynell Anderson, MD

**RONDA LYNN VANCE** adding position with Kent Denson, MD  
**BAMBI AZALEE CLAY** adding position with Beth Leader, DO and Bruce Rumbaugh, MD  
**EDWARD F. RANCE WADLEY** adding position with William Herndon, MD  
**ANDREA DIANE MOSER** adding position with Jerry Brindley, MD  
**KEVIN DALE WELLS** adding position with Andrew Hoelscher, MD  
**L. CHERIE PALM** adding position with David Furr, DO  
**DANA MARIE WEATHERFORD** adding position with Bruce Cornett, DO  
**CHRISTI DAWN OTTEN** adding position with Douglas Nolan, DO  
**MAX EDWARD OWEN** adding position with Robert Tyburski, MD  
**DEBRA JEANE BELL** adding position with Jeremy La Motte, MD  
**STEPHANIE METEVELIS GARMAN** adding position with Ronald Hill, MD, Bill Buffington, MD and Alecia Hanes, MD  
**EDYTHE ANN CALDERON** adding position with J.M. Fitzgerald, DO  
**TOD IRWIN ESTES** adding position with James Wingo, MD  
**LAURA ANNE SILLINGS** adding position with Noel Emerson, DO

Dr. McNeill moved to recommend approval of the following applications to add alternate supervising physicians. Mr. Flinn seconded the motion and the vote was unanimous in the affirmative.

**PARNELL ADAMS** adding Stephen Feuerborn, MD  
**NICHOLE BATEMAN** adding Elaine Mader, MD, John Osborn, MD, Guy Belford, MD and Ruth Bennett, DO  
**WINTER BATHE'** adding David Saxton, MD and Daniel Clinkenbeard, MD  
**RONALD BENNETT** adding Ynal Habj-bik, MD and Nicholas Reynolds, DO  
**VERA BOONE** adding Oneita Taylor, MD  
**JERRI BRADSHAW** adding Kent Denson, MD  
**STACY BROWN** adding Michael Tanner, MD and James Cash, MD  
**AMANDA BRUSCHI** adding Daniel Clinkenbeard, MD  
**GREGORY DAILEY** adding Sandra Giller, MD and Steven Feher, MD  
**MARK DAVIS** adding Steven Feher, MD  
**RALPH FALCONER** adding David Hall, MD  
**DONALD FLINN** adding Daniel Clinkenbeard, MD  
**RALPH FOUNTAIN** adding Daniel Clinkenbeard, MD  
**ROBERT FREDERICK** adding Kersey Winfree, MD  
**ARNULFO GARCIA** adding Curtis Schenk, MD, Byron Carpenter, MD and Robert Spencer, MD  
**CASSANDRA GENTRY** adding Bruce Cornett, DO, Derrick Freeman, DO, Michael Wilson, DO and Lenard Phillips, DO

**MELISSA GIBSON** adding Phillip Haddad, MD  
**MARK GILLEN** adding Indira Murr, MD  
**JOANNA HART** adding Daniel Clinkenbeard, MD  
**KATHLEEN HATLELID** adding Amy Sparkman, MD  
**SHERRY HECK** adding Daniel Molina, MD and Jasmine Gaddy, MD  
**LINDA HILL** adding Stephen Huang, MD, Israel Becerra, MD, James Crutcher, MD and Raeanne Lambert, DO  
**CHAD HUDSON** adding Justin Dockendorf, MD  
**CINDY HUDSPETH** adding Brian Meek, MD  
**RHONDA HUIE** adding Dee Baughman, DO  
**MICHAEL HUME** adding Teresa Lynn, DO, Ynal Habj-Bik, MD, Robert Horanzy, MD, and Nicholas Reynolds, DO  
**SHANNON IJAMS** adding Robert Morse, MD, Christopher Mann, MD, Andrew Donnelly, MD, James Crutcher, MD, Jeffrey McCollum, MD, Douglas Ivins, MD, Israel Becerra, MD, Lamont Cavanagh, MD, Christopher Dalton, DO and Raeanne Lambert, DO  
**JESSICA JOHNSTON** adding Robert Epstein, MD  
**CHANDA KERSEY** adding Justin Dockendorf, MD  
**LISA KIPPENBERGER** adding Daniel Clinkenbeard, MD  
**ALLYSON KRAKER** adding Matthew Haag, MD and Marty Lofgren, MD  
**TIM LAING** adding Justin Dockendorf, MD  
**SUSAN LAVICTOIRE** adding Wesley Hinz, MD  
**ROBERT LYNCH** adding Robert Horanzy, MD, Ynal Habj-Bik, MD, Nicholas Reynolds, DO and Teresa Lynn, DO  
**NANCY MATHEW** adding Jeffrey Sparkman, MD and James Kennedye, MD  
**AMY MERCER** adding Elaine Mader, MD, Ruth Bennett, DO, John Osborn, MD and Guy Belford, MD  
**LESLEY MUNDIS** adding Justin Dockendorf, MD  
**SRIVIDHYA MURALIDHARAN** adding Michael Wilson, DO, Lenard Phillips, DO, Derrick Freeman, DO and Brent Chandler, DO  
**STEVEN O'DELL** adding John Bowers, MD and James Hendrix, MD  
**FRANSEN ORDELHEIDE** adding Osama Qubaiah, MD and Bassam Ghabach, MD  
**BRET OWEN** adding Justin Dockendorf, MD  
**AMANDA PALUMBO** adding Justin Dockendorf, MD  
**KATHERINE PAYNE** adding Jeffrey Sparkman, MD and James Kennedye, MD  
**JOHN PIERSING** adding Steven Madeiros, DO  
**PATRICIA PIGGINS** adding Jeffrey Johnson, MD  
**JANET PLAXICO** adding Jena Rogers, MD  
**CHARLES POWERS** adding David Hall, DO and Ronald Charles, MD

**EILEEN RAVELLA** adding Justin Dockendorf, MD  
**MICHAEL RICHARDSON** adding Michael Goddard, MD  
**MICHAEL SCALF** adding Sandra Giller, MD and Steven Feher, MD  
**LAYNIE SHEBESTER** adding Deborah McAlister, MD  
**ASHLEY SHOPE** adding Raeanne Lambert, DO  
**LAURA SILLINGS** adding Peter Chambers, DO  
**CAROLINE SMITH** adding Robert Epstein, MD  
**LORI STEELE** adding Stephen Huang, MD, Israel Becerra, MD, Raeanne Lambert, DO and Mark Fox, MD  
**JENNIFER STEPHENS** adding Kori Lewis, MD  
**RACHEL TAYLOR** adding Richard Holsopple, DO  
**ROBERT VANDIVER** adding Robert Wiebe, DO  
**LAURA VARNADORE** adding Osama Qubaiah, MD and Bassam Ghabach, MD  
**AMY WALKER** adding Justin Dockendorf, MD  
**KEVIN WELLS** adding Kersey Winfree, MD and Ricardo Castellon Inestroza, MD  
**TREKA WENNER** adding Bruce Cornett, DO, Lenard Phillips, DO, Michael Wilson, DO and Brent Chandler, DO

The Committee discussed OAC 435:15-3-15 as relates to supervision of more than two PAs by one physician at the Indian Health Service. The rule allows a medical director or supervising physician of a state institution to supervise more than two physician assistants provided that appropriate alternate supervising physician(s) are available and approved. The Committee discussed the fact that the rule would not apply at a federal facility since those facilities are out of the jurisdiction of the Board. However, the Committee did decide to amend the rule to include a provision for appeal to the Board so that other state facilities, such as a county jail, could file a request. Staff was directed to bring proposed language to the next meeting.

The Committee discussed a proposed policy relating to training and experience requirements needed to waive direct supervision during conscious sedation. Also reviewed were proposed amendments to OAC 435:15-9-4(f) adding language allowing the Board to permit general supervision during conscious sedation under certain circumstances. The Committee discussed need for the changes. The matter was tabled until the next meeting when Dr. Harris could be present for the discussion. (See attachment #2)

There being no further business, the meeting was adjourned. The time was 4:42 p.m.

## Attachment #1

### TITLE 435. STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION CHAPTER 15. PHYSICIAN ASSISTANTS

#### **435:15-11-1. Prescriptive and dispensing authority**

(a) A physician assistant who is recognized by the Board to prescribe under the direction of a supervising physician and is in compliance with the registration requirements of the Uniform Controlled Dangerous Substances Act, in good faith and in the course of professional practice only, may issue written and oral prescriptions and orders for medical supplies, services and drugs, including controlled medications in Schedules III, IV, and V pursuant to 63 O.S. §2-312 as delegated by the supervising physician and as approved in the Physician Assistant Drug Formulary (OAC 435:15-11-2).

(b) Any prescription for a pure form or combination of the following generic classes of drugs, listed in 435:15-11-2, may be prescribed, unless the drug or class of drugs is listed as excluded. Written prescriptions for drugs or classes of drugs that are excluded may be transmitted, only with the direct order of the supervising physician.

(c) Prescriptions for non-controlled medications are limited to a 30-day supply with two (2) refills of an agent prescribed for a new diagnosis. For patients with an established diagnosis, up to a 90 day supply with refills up to one year can be written and signed, or called into a pharmacy by a physician assistant.

(d) Prescriptions for Schedules III, IV and V controlled medications ~~are limited to a thirty (30) day supply with no refills~~ **may be written for up to a 30-day supply but refills for any amount are not allowed.** In order for a physician assistant to prescribe a controlled substance in

an out-patient setting, the physician assistant must be currently registered with the Drug Enforcement Administration and Oklahoma Bureau of Narcotics and Dangerous Drugs.

(e) A physician assistant may write an order for a Schedule II drug for immediate or ongoing administration on site. Prescriptions and orders for Schedule II drugs written by a physician assistant must be included on a written protocol determined by the supervising physician and approved by the medical staff committee of the facility or by direct verbal order of the supervising physician. In order for a physician assistant to prescribe and order a Schedule II controlled substance for immediate or ongoing administration on site, the physician assistant must be currently registered with the Drug Enforcement Administration and Oklahoma Bureau of Narcotics and Dangerous Drugs.

(f) A prescription issued by a physician assistant, whether written or oral, shall be the joint responsibility of the physician assistant and supervising physician. The supervising physician shall be responsible for the formulation and/or approval of all orders and protocols which allow the physician assistant to issue prescriptions. Questions concerning a prescription may be directed either to the supervising physician whose name shall appear on the prescription blank or to the physician assistant.

(g) All new drug entities will be restricted from the Drug Formulary, listed in 435:15-11-2, and added, if at all, only after review and approval by the Oklahoma State Board of Pharmacy and the Committee, and subsequent approval by the Board. This restriction shall not apply to modifications of current generic drugs included on the Drug Formulary.

(h) Physician Assistants may not dispense drugs, but may request, receive and sign for professional samples and may distribute professional samples directly to patients in accordance with written policies established by the supervising physician.

(i) Physician assistants practicing in patient care settings that are part of the State Department of Health, State Department of Mental Health, or other special patient care settings designated by the Board are permitted to dispense medications directly to patients as directed by the supervising physician in written protocol, standing or direct order. Except for samples, Physician assistants may not dispense drugs in any other practice care setting.

## Attachment #2

### 435:15-9-4. Setting

(a) - (e) No Change.

(f) **Anesthesia setting.**

(1) The physician assistant may perform pre- and post-procedural assessment of patients in accordance with guidelines established by the supervising physician.

(2) Physician assistants may administer topical anesthetics, local infiltration, or digital blocks. Physician assistants may administer wrist and ankle nerve blocks under the direct supervision of the supervising physician and following approval by the credentialing committee of the facility.

(3) Physician assistants may not administer general anesthesia.

(4) Physician assistants may administer intravenous sedation analgesia as defined in the current *Practice Guidelines for Sedation and Analgesia by Non-Anesthesiologists* of the American Society of Anesthesiologists. Administration of intravenous sedation analgesia by physician assistants must be performed under the direct supervision of the supervising physician. Specific education and training is required and must be documented and approved by the credentialing committee of the facility.

(5) The Board may waive the requirement for direct supervision to allow general supervision for minimal and moderate sedation after review of training and education based on the Physician Assistant Conscious Sedation Policy.

(g) No change.

# Proposed Policy for Intravenous Conscious Sedation

*Developed from Massachusetts Board of Medicine, "Patient Care Assessment Guidelines for Intravenous Conscious Sedation", [http://www.massmedboard.org/pca/pca\\_intravenous.shtm](http://www.massmedboard.org/pca/pca_intravenous.shtm)*

## **I. Definition:**

Intravenous Conscious Sedation (IVCS) is a minimally depressed level of consciousness that retains the patient's ability to maintain a patent airway independently and continuously and respond appropriately to physical stimulation and verbal commands. IVCS may be so administered during therapeutic, diagnostic or surgical procedures. The drugs, dosages and techniques for IVCS are not intended to produce loss of consciousness. Conscious sedation should be distinguished from two other levels of consciousness: deep sedation and general anesthesia. Deep sedation is a controlled state of depressed consciousness or unconsciousness from which the patient is not easily aroused, accompanied by a partial or complete loss of protective reflexes, including the ability to maintain a patent airway independently and respond purposefully to physical stimulation or verbal command. General Anesthesia is a controlled state of unconsciousness accompanied by a loss of protective reflexes, including loss of the ability to maintain a patent airway or respond purposefully to physical stimulation or verbal command.

In actuality, a continuum exists among conscious sedation, deep sedation and general anesthesia. The patient's age and preexisting medical conditions may significantly alter the dosing regimen needed for IVCS. If either deep sedation or general anesthesia are required for the procedure, skilled anesthesia personnel should be available to assist in the management of the patient.

## **II. Authority for Policy/Procedures on IVCS.**

The IVCS policy should indicate its source or authority. The Board recommends that authority for these policies originate at the governing body level, e.g., the board of trustees or directors. Ultimately the responsibility for implementing and enforcing of policy will fall to each department within the facility.

Anesthesia personnel should not be responsible for the administration of IVCS throughout the facility; however, the Board recommends that the department of Anesthesia or individual anesthesia personnel be involved in formulating policies and procedures for patient care during IVCS. In particular, anesthesia personnel should assist in providing expertise and information to other departments or individuals in the following areas:

- The appropriate drugs, dosages and techniques for use during IVCS (see Section V);
- The development of guidelines for the training, supervision, and credentialing of all individuals involved in the care of patients undergoing IVCS;
- Patient selection criteria including the identification of "at risk" patients for whom the delivery of anesthesia by non-anesthesia personnel is inappropriate. The Board strongly suggests that all patients undergoing IVCS be classified according to the American Society of Anesthesiologists (ASA) Physical Status Classification (See appendix A);
- Patient monitoring requirements; and,
- Arrangements to ensure the availability of resuscitation support services at all times.

Additionally, the anesthesia department personnel should assist other departments in developing mechanisms to continually monitor and evaluate the quality of anesthesia services, including IVCS, wherever these services are delivered.

### **III. Personnel and Training**

The IVCS policy should specify the personnel and training necessary for safe administration of IVCS. The Board recommends that the minimum number of personnel involved in the care of patients undergoing IVCS during the entire procedure should be two: (1) the provider (MD, DO, Dentist, PA, CRNA) who performs the diagnostic, therapeutic or surgical procedure; and (2) the individual (MD, RN or PA) who monitors the patients and his/her response to both the sedation and the procedure and who is capable of assisting with any supportive or resuscitative measures. One of these two personnel must remain with the patient from the time the procedure is completed until the time the patient has adequately recovered or has been turned over to personnel performing recovery care. The individual who monitors the patient must have no other tasks or duties that would compromise his/her ability to monitor the patient.

Policies and Procedures developed in conjunction with the Department of Anesthesia should indicate under what circumstances each of the following applies: an anesthesiologist or certified registered nurse anesthetist (CRNA) must administer IVCS; a non-anesthesia practitioner (MD) may administer the sedation. The Board recommends that if IVCS is administered by non-anesthesia practitioners, they have met the added requirements set by the Oklahoma State Board of Medical Licensure and Supervision. (See appendix C)

It is the physician or PA with clinical privileges to perform procedures using IVCS who selects and orders the sedation in accord with the IVCS policy. Individuals who administer IVCS should be competent in airway management and resuscitative measures (i.e. ACLS certification is strongly suggested) and should be educated regarding and demonstrate knowledge in the use, side effects and complications of the medication to be given. The individual monitoring the patient should have the same skills and also have skills in oximetry, cardiac monitoring and in the recognition of arrhythmia.

### **IV. Location/Equipment.**

The room where IVCS is to take place should be uncluttered with adequate floor space for emergency equipment and be equipped with:

- A source and means for providing supplemental oxygen (nasal prongs, mask, etc)
- An airway and self-inflating, positive pressure oxygen delivery system capable of delivering 100% oxygen at 15 liters/min flow rate for at least 60 minutes (AMBU Bag). Various bag/mask size should be available in those circumstances.
- A source of suction
- A pulse oximeter with alarm
- A device for taking blood pressure (manual or automatic)
- A cardiac monitor with alarm
- Pharmacologic reversal agents for all sedatives used.

An emergency cart should be accessible to the room where the procedure is to take place.

## **V. Patient Monitoring**

### **Prior to IVCS**

- Ascertain patient's medical condition, level of consciousness, NPO status (preferably six hours), any allergies, and must have current short stay history and physical exam.
- Obtain informed consent.
- IV is functioning or saline lock
- Patient's oxygen requirements are evaluated.

### **During IVCS**

- Patient is monitored with pulse oximeter, cardiac monitor and blood pressure every 3-5 minutes.
- Supplemental O<sub>2</sub> via NP @ 2-3 L/min
- All medications administered are recorded (route, site, time, drug, dose, response).
- Vital signs are recorded in the medical record every five minutes.

### **Following the Procedure**

- Patient is monitored with vital signs every five – ten minutes for the first 30 minutes after the last IV sedative. Beyond this 30 minute period and if stable vital signs are recorded every 15 minutes until patient returns to his/her pre-sedation status and is discharged.

Discharge instructions are given following institution guidelines for any other procedure.

## **Appendix A**

American Society of Anesthesiologists Physical Status Classification

### **Class I**

There is no organic, physiological, biochemical or psychiatric disturbance. The pathologic process for which operation is to be performed is localized and is not a systemic disturbance

### **Class II**

Mild to moderate systemic disturbance caused either by the condition to be treated surgically or by other pathophysiological processes

### **Class III**

Severe systemic disturbance or disease from whatever cause even though it may not be possible to define the degree of disability with finality.

### **Class IV**

Indicative of the patient with severe systemic disorder already life-threatening, not always correctable by the operative procedure

### **Class V**

The moribund patient who has little chance of survival but is submitted to operation in desperation.

**Appendix B  
Drugs/Dosages**

|             |  |   |
|-------------|--|---|
| Diazepam    | 0.1 mg/kg IV<br>0.15 – 0.3 mg/kg P.O.<br>(slowly over three minutes) |   |
| Droperidol  | 0.02 – 0.05 mg/kg IV<br>(slowly over three minutes)                  | Onset 3-10 minutes<br>Peak 30 minutes<br>Duration 2-4 hours |
| Midazolam   | 0.05 mg/kg IV<br>0.1 – 0.3 mg/kg IM                                  |   |
| Meperidine  | 1 mg/kg IM, DQ, IV   |   |
| Morphine    | 0.1 mg/kg IM, DQ or IV   |   |
| Butorphanol | 0.01 – 0.02 mg/kg IV   |   |
| Fentanyl    | 1-3 mcg/kg IV  |   |

**Reversal Agents**

|                              |                     |   |
|------------------------------|---------------------|---|
| Naloxone (narcotics)         | 0.01 – 0.1 mg/kg IV | Brief duration of action!                   |
| Flumazenil (benzodiazepines) | 0.1 – 1.0 mg IV     | (Benzodiazepine withdrawal-induced seizure) |

## Appendix C

### Physician Assistant IVCS - Added Requirements

1. IVCS Four Hour Course OAPA Fall CME will offer a four hour CME on IVCS to include all of the policies, procedures, equipment, drugs and personnel requirements.
2. Observed IVCS For approval by the Board of Medical Licensure & Supervision a PA must document by direct observation from their supervising physician(s) ten successful IVCS without complications, loss of protective functions or use of reversal agents and successful outcome of procedure. They must also document current ACLS certification and knowledge of airway management and cardiac dysrhythmias.