

May 30, 2024

Rhode Island Department of Health  
Board of Nursing  
3 Capitol Hill  
Providence, RI 02908

RE: NP Scope of Practice/Administration of Moderate Sedation

Dear Ms. Lynda D'Alessio and Dr. Jerome Larkin,

We appreciate the opportunity to voice our concerns over the amendment to 5-34.2 introduced by representative McNamara, Ackerman, Corvese, Chippendale, Fellela, Craven and Casey, that limits Registered Nurses (RNs) and Nurse Practitioners (NPs) from administering lifesaving medications, particularly in a critical care and procedural settings.

As critical care, emergency medicine, and medication safety pharmacists, it is of the utmost importance to us that medications are used safely in all our patients. This includes having a trained and competent team member available to safely administer a medication to a patient when they need it. Delays in medication administration are associated with patient harm and we rely on our extremely well trained and credentialed nurses and nurse practitioners to deliver this timely care in a safe manner.

From the writing of this bill, there appears to be confusion regarding the continuum of sedation and how medications can be administered to target different depths of sedation along this continuum. The chart below summarizes the impact on patient factors as patients move through the continuum of sedation from minimal sedation to general anesthesia. As you can see at minimal or moderate sedation there is adequate spontaneous ventilation, no intervention is required for the airway, and cardiovascular function is usually maintained. Our nurses and nurse practitioners are trained on how to use validated tools to identify a patient's depth of sedation.

	<b>Minimal Sedation Anxiolysis</b>	<b>Moderate Sedation/ Analgesia ("Conscious Sedation")</b>	<b>Deep Sedation/ Analgesia</b>	<b>General Anesthesia</b>
<b>Responsiveness</b>	Normal response	Purposeful response to verbal or tactile stimulation	Purposeful response following repeated or painful stimulation	Unarousable even with painful stimulus
<b>Airway</b>	Unaffected	No intervention required	Intervention may be required	Intervention often required
<b>Spontaneous Ventilation</b>	Unaffected	Adequate	May be inadequate	Frequently inadequate
<b>Cardiovascular Function</b>	Unaffected	Usually maintained	Usually maintained	May be impaired

Medications that have FDA indications for general anesthesia like propofol and ketamine are used extremely frequently at specific doses to target minimal or moderate sedation. These doses are well validated in the literature and are given in small, incremental dosages to ensure achieving the desired depth of sedation without unintended deep sedation or general anesthesia. These providers are also trained in achieving and maintaining vascular access if needed for cardiovascular support and how to reliably rescue patients who have unintended respiratory depression as recommended by the American Society of Anesthesiologists in their clinical practice guidelines on moderate procedural sedation. We also have pharmacists embedded throughout our intensive care units and emergency departments to support clinicians on appropriate dosing, monitoring, and management of adverse effects from these medications.

Propofol and ketamine have a favorable pharmacokinetic profile for procedural sedation as they have a rapid onset of action (~30 seconds) and a short duration of action (~5 – 10 minutes) which allows for appropriate sedation needed for the procedure while minimizing the risk of adverse effects given their short duration.

Based on our extensive and collective experience, we feel this bill would halt care in almost all ICUs and emergency departments in Rhode Island. We urge you to recommend against the passage of amendment to House Bill 5-34.2. The opinions stated here reflect our personal views and not that of our institution.

Thank you for your consideration.  
Sincerely,

Shawn Whitehead, PharmD, BCCCP  
Manager Inpatient Clinical Pharmacy

Shriji Amin, PharmD, MBA, BCCCP  
Clinical Pharmacist Specialist, Emergency Medicine

Robert Deveau, PharmD, BCCCP  
Clinical Pharmacist Specialist, Emergency Medicine

Michelle Payne, PharmD, BCCCP  
Clinical Pharmacist Specialist, Neurocritical Care

Chrissy Lawson, PharmD, BCCCP  
Clinical Pharmacist Specialist, Emergency Medicine

Jessica Arabi, PharmD, BCCCP  
Clinical Pharmacist Specialist, Trauma Burn Intensive Care

**References:**

1. Miller KA et al. Clinical practice guideline for emergency department procedural sedation with propofol: 2018 update. *Ann Emerg Med* 2019 Feb 4
2. Dunn T, Mossop D, Newton A, Gammon A. Propofol for procedural sedation in the emergency department. *Emerg Med J*. 2007 Jul;24(7):459-61.
3. Practice Guidelines for Moderate Procedural Sedation and Analgesia 2018: A Report by the American Society of Anesthesiologists Task Force on Moderate Procedural Sedation and Analgesia, the American Association of Oral and Maxillofacial Surgeons, American College of Radiology, American Dental Association, American Society of Dentist Anesthesiologists, and Society of Interventional Radiology. *Anesthesiology* 2018; 128:437-479